

PLAINTIFF'S MOTION
EXHIBIT 27
Part 2

JAMAICA HOSPITAL MEDICAL CENTER

Jamaica, New York 11418

DISCHARGE SUMMARY

NAME: SCHOOLCRAFT, ADRIAN

MEDICAL RECORD NO.: 1298984

ADM. DATE: 11/3/09

DIS. DATE: 11/6/09

ATTENDING PHYSICIAN: Isak Isakov, MD

DICTATING PHYSICIAN: Same.

HISTORY OF PRESENT ILLNESS: This is a 34-year-old white, single, male, a police officer, with no past psychiatric history and was not taking any psychotropic medications in the past. He denied any substance abuse history. He stated that he has been working in the police department for approximately six years and, from the beginning of his career, he was not "happy" with "how the precinct was run" and was making multiple complaints that were not "addressed". Instead, he was "declared emotionally unstable" and his gun was taken away from him for approximately six months after psychiatric evaluation by police department psychiatrist. Since then, he started collecting "evidence" to "prove his point" and became suspicious "They are after him".

On the day of admission, he had a verbal altercation with one of the officers who was "threatening" him. He left his job before his shift was over. Prior to leaving the work station, he excused himself that he was not feeling well. According to him, he came home and took Nyquil and fell asleep. He was awakened by police officers in his room. He doesn't know how they entered his room, who asked him to come with them to the precinct. After he refused to comply to go voluntarily, they involuntarily put him in the car handcuffed, and brought him to the emergency room of Jamaica Hospital where he was evaluated by psychiatrist after medical clearance, and transferred to Psychiatric emergency room with questionable diagnosis of psychosis NOS and admitted to Psych Unit 3 on 11/3/09 for further evaluation.

On evaluation today, he was feeling anxious. He was suspicious and guarded. He was demanding to be discharged and appeared restless. He denied any suicidal or homicidal ideations, denied any auditory or visual hallucinations. He expressed questionable paranoid ideas of conspiracy and cover-ups going in the precinct. His cognition and memory were intact. Insight and judgment were partial. He was admitted with the diagnosis of psychosis NOS, rule out adjustment disorder with anxiety.

HOSPITAL COURSE: A decision was made to obtain additional information prior to initiation of treatment. Patient was not taking any medications. The next day, a meeting was held with the patient's father and a representative from the precinct. Patient repeated his story which was of concern to his father. During the observation in the unit without taking any medications, patient was appropriate in interaction, calm and not agitated. He denied any suicidal or homicidal ideations. He was not experiencing any

PAGE TWO

NAME: SCHOOLCRAFT, ADRIAN

MEDICAL RECORD NO.: 1298984

paranoid ideations, but was concerned about issues in the precinct. After observation for a few days on the unit, there were no significant psychiatric symptoms to treat with medications.

Patient was discharged on his own on 11/6/09 with recommendation to follow-up with the psychotherapist and, if he becomes symptomatic, to see a psychiatrist for medication.

DIAGNOSIS ON DISCHARGE:

Axis I: Adjustment disorder with anxious mood.

Axis II: Deferred.

Axis III: None.

Axis IV: Related to stress at job.

Axis V: On admission 40; on discharge 65.


Isak Isakov, MD

Il: rps

D: 3/22/10

T: 3/26/10

7070

SCHOOLCRAFT, ADRIAN

M/R: 1298984 PT#: 130381874
 DOB: 06/21/1975 34Y M F/C: 19 S
 ADM: 11/03/2009 15:00 03MH9HAL 01
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PROGRESS NOTES

DATE & TIME	START MD NOTES HERE	START RN AND ALL OTHER NOTES HERE
11/6/09	Focus	Nursing Discharge Summary Notes
	Data	Patient Discharge Date to Home, Home w/ Homehealth, Referral PMR Facility adult, Home Skilled Nursing Facility (SNF) Specialized Facility other
		Patient left unit via Ambulatory, wheel chair, stretcher accompanied by: <i>Father</i>
		Mental Status: <i>A x O x 3</i>
	Assessment: Condition of patient upon discharge related to admitting diagnosis and or problem(s) on Admission or during hospitalization (pertinent physical psychosocial behavioral assessment e.g. skin condition, breathing pattern, presence of pain condition s/p surgery)	<i>Pt is calm and in Control</i>
		<i>Denies SI/HI</i>
		<i>Denies AI~H</i>
		Accomplished Goals (NCP & Teaching Goals)
		<i>Pt verbalized importance of follow up care. D/c instructions given to pt and pt verbalized understanding of D/c instructions.</i>
		Signature: <i>Adrian Schoolcraft</i> Title: <i>RN</i>


**JAMAICA HOSPITAL
MEDICAL CENTER**

8900 VAN WYCK EXPRESSWAY, JAMAICA, N.Y. 11418

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M F/C: 19 S

ADM: 11/03/2009 15:00 03MH 9HAL 01

HOVANESIAN, SHUSHAN

Inpatient Psychiatry: Social Work Discharge/Transfer Summary

Patient Description: Pt. is a 34 year old Caucasian male with known psych. hx, who was BIPB EMO/NPD after his colleagues and superiors in the NYPD became concerned about his behavior.

Date of Discharge/Transfer: 11/6/09

Discharge Destination (✓Check One):

☒ Home

☐ State Psychiatric Hospital

☐ Inpatient Substance Abuse Treatment

☐ Skilled Nursing Facility

☐ Supportive Housing

☐ Other: _____

(Please provide details)

Aftercare:

☐ Continuing Day Treatment

☐ Mental Health Clinic

☐ Assertive Community Treatment Team

☐ Case Management

☐ Partial Hospitalization Program

☐ Assisted Outpatient Treatment

☒ Other: Private Psychiatrist

(Please provide details):

Pt. will contact Dr. to make appointment.

Mode of Transport:

☐ Self

☒ Family/Friend

☐ Motor Transport

☐ Ambulance

☐ Ambulette

(Please provide details)

Medications:

☐ Prescriptions

☐ Medications

☐ _____ week supply

(Please provide details):

None - Pt. on no meds.

Additional Comments/Referrals:

☐ Financial Office

☐ SSI/SSD

☐ Medication Grant Program

☐ Resource Lists given:

Pt. is calm, pleasant, cooperative. No problems. He is appropriate in his affect and behavior. Denies feeling depressed, anxious or suicidal/homicidal. Denies manic sx. Denies other hallucinations @ present. Pt. has been recommended to see an outpatient psychiatrist and has agreed to do so.

☐ Please see Progress Notes for Additional Information

Social Work Signature: Christine McMahon

Date/Time: 11/6/09 - 1:35

error

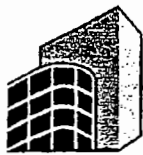
pm.

WHITE COPY - MEDICAL RECORD

YELLOW COPY - SOCIAL WORK DEPT.

FO 000121 REV.3/08

JHMC 83


**JAMAICA HOSPITAL
MEDICAL CENTER**

8900 Van Wyck Expressway Jamaica, NY 11418 • 718-206-6000

 Department of Psychiatry
INPATIENT DIVISION

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

SOCIAL WORK CONTINUING-CARE AGREEMENT

 Dear Mr/Ms/Mrs Schoolcraft:

Your Social Worker, in collaboration with the Interdisciplinary Treatment Team, worked with you in developing the following plan.

 You will reside at: 82-60 88th Pl. Glendale, N.Y. 11385

The following appointments/referrals were scheduled for you:

Outpatient Program:

1. Clinic/Private Referral: Dr. Luel - (917) 921-3264
(Private Psychiatrist) - 114-06 QUEENS BLVD.
2. Continuing Day Treatment Program: Forsyth HHS, NY. 11375
1117 - 1230 pm w/ Dr. Paul. office 891
3. Partial Hospitalization/Intensive Psych Rehab: _____
4. Other Clinic: _____

Income Maintenance Center: _____

Social Security Administration: _____

Case Manager's Name: _____

Other: _____

I agree with and have received a copy of the above Discharge Plan.

[Signature]
Patient Signature

(718) 570-6224
Tel. No.

Christine McMahon
Social Worker Signature

11/6/09
Date

Family/Guardian Signature [if applicable]

Date

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JHMC 85



**JAMAICA HOSPITAL
MEDICAL CENTER**
PATIENT HISTORY & ASSESSMENT
PSYCHIATRIC NURSING

SCHOOLCRAFT, ADRIAN
PT#: 130381874
M/R: 1298984 FIC: 19 S
DOB: 06/21/1975 34Y M
ADM: 11/03/2009 15:00 03MH9HAL 01
HOVANESIAN, SHUSHAN

I. ADMISSION

Date 11/3/09 Time PER
Information Received From: ☐ Patient ☒ Other Language Spoken English
Age 34 Religion NONE Previous Jamaica Hospital Admission ☒ No ☐ Yes Date _____
Admitted via: ☐ Wheelchair ☒ Stretcher ☐ Other _____ Admission: ☐ Elective ☒ Emergency
From: ☐ Home ☐ Nursing Home ☒ Other TRANSFERRED FROM MER → PER
Prosthesis/Assistive Devices ☐ Eyeglasses ☐ Contact Lens ☐ Hearing Aid NONE
Dentures ☒ None ☐ Lower ☐ Upper ☐ Full ☐ Partial ☐ Denture Cup Provided ☐ Other _____
Instructions to Patient ☒ Call Light ☐ Bed Control ☒ TV ☐ Telephone ☐ Siderails T 98° P 78 R 20
☒ Smoking Rules ☒ Visiting Hours ☒ Valuables Procedure BP 130 Ht 6' 0" Wt 240 lb
Nursing Staff Admitting the Patient Sharon Barnaby Title PRN 80

II. ADMISSION DATA

Admitting Diagnosis Psychosis NOS General Appearance (emaciated, well developed, obese, thin) well developed
Patient's Chief complaint (as stated by patient, onset, duration, list of symptoms and characteristics) _____
I was taken out of my house by my boss
Previous health history _____

PAIN ☐ No ☐ Yes (If Yes circle intensity)

0 1 2 3 4 5 6 7 8 9 10

Description 0
(Location & Duration)

Previous Blood Transfusion ☐ No ☐ Yes When _____

Blood Transfusion Reaction ☐ No ☐ Yes

If YES Specify _____

Allergies: Medication/Food/Environmental ☐ No ☒ Yes

If YES Specify _____

Prescribed medication ☐ No ☒ Yes

Over-the-counter medications ☐ No ☒ Yes

Herbal Medications/Alternative Treatments

☐ No ☒ Yes

Medication Taken Prior to Admission ☐ No ☒ Yes

None

Medications brought to hospital/disposition

None

VACCINATIONS Pneumococcal ☐ No ☒ Yes Date Received _____

Influenza ☐ No ☒ Yes Date Received _____

PSYCHO-SOCIAL ASSESSMENT

Status ☒ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Occupation NYPD Officer ☐ Retired, Prior Occupation _____

Cultural Beliefs / Practices Denies

Substance/Alcohol Use ☒ No ☐ Yes Explain _____

Smoke ☒ No ☐ Yes Frequency _____ second hand smoke ☐ No ☒ Yes

Living Arrangement: Live with Alone Person to Assist You after Discharge Ma.

FO227 SEQ. 746 6/95, 2/99, 9/02

JHMC 86

IV. FALL RISK ASSESSMENT		Skin Turgor	Skin Color	Skin Condition	MARK SITE OF ABNORMAL SKIN FINDINGS ON DIAGRAM BELOW
Directions: Use the following assessment tool to identify patients at risk for falls. Circle the score for each risk factor that applies to your patient. Patients with a score of 5 or more must be placed on the fall prevention program (Spot the Dot).		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice	<input type="checkbox"/> Moist <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cold <input type="checkbox"/> Abrasions <input type="checkbox"/> Ecchymosis <input type="checkbox"/> Blisters <input type="checkbox"/> Rash <input type="checkbox"/> Edema <input type="checkbox"/> Burn <input type="checkbox"/> Pressure Ulcer	
RISK FACTORS	SCORE	Mucous Membrane	Nails		
Age 65 & older	5	<input type="checkbox"/> Pink	<input type="checkbox"/> Normal		
History of previous Falls	5	<input type="checkbox"/> Pale	<input type="checkbox"/> Pale		
Mental Status: Dementia; Psychoses; Delirium Tremens; Seizures	5	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Cyanotic		
		<input type="checkbox"/> Moist	<input type="checkbox"/> Clubbing		
		<input type="checkbox"/> Dry	<input type="checkbox"/> Brittle		
			<input type="checkbox"/> Other		
Debilitation/weakness/cachexia	5	V. PRESSURE ULCER RISK ASSESSMENT Directions: Use the following assessment tool to identify patients at risk for pressure ulcers. Circle the score for each risk factor that applies to your patient. The care plan should be initiated for a patient with a score of 5 or more.			
Communication Deficits: Dysarthria; Aphasia; No verbalization; Language barrier	1	RISK FACTOR	ASSESSMENT INDICATOR	SCORE	
Mobility Deficits: Hemiparesis; Paraparesis; Hemiplegia; Paraplegia; Ataxia; Use of prosthetic devices; Use of cane/crutches; Amputee; Parkinson's disease	5	Age	<65 >65	0 1	
Visual Deficits: Blindness;	5	Mobility	Ambulatory, bed rest < 3 days Ambulatory only w/assist; bed rest > 3 days restrained Non-ambulatory, quadriplegic, paraplegic, hemiplegic	0 1 5	
❖ Blurred vision; Night blindness; Post-op eye surgery	1				
❖ Use of eye glasses /contact lenses					
Medications:	5	Pattern of Elimination	Fully continent Fully incontinent of urine or feces Fully incontinent of urine and feces	0 2 3	
❖ Barbiturates; Tranquilizers; Parenteral Pain meds; Hypnotics; Anesthetics					
❖ Antihypertensives; Diuretics; Laxatives; PO/Patch Pain Meds, Eye gtt's, pain p.o./patch.	1	Mental Status	Fully oriented Confused, disoriented Comatose	0 2 5	
Alteration in bladder function					
❖ Medical/Surgical (pt/ with FC, incontinent of urine)	1	Nutritional Status	Good; feeds self Feed w/assist; TPN, tube feeding Cachexia, obese, NPO > 3 days	0 2 4	
❖ Rehabilitation Unit (pt. bowel/bladder program)	5				
Auditory Deficits	1	Skin	Intact Poor turgor, dry, cracked/peeled areas, inflamed areas, pressure ulcer	0 5	
Orthostasis/Hypotension	5	Health Status	Good Fair Poor Moribund	0 2 3 5	
❖ Syncopal episodes					
❖ Vertigo					
RISK ASSESSMENT SCORE	<u>10</u>	RISK ASSESSMENT SCORE	<u>0</u>		
VI. FUNCTIONAL SCREEN If score is 6 or more, notify physician		VII. NUTRITION SCREEN If score is 6 points or more, a Nutrition consult must be reported to the Nutrition Department via telephone ext. 4031 or enter into the computer.			
Assessment Indicator	SCORE	Risk Associated Parameters	SCORE		
Transfer skills	Total assist 3 Moderate/minimum assist 2 Independent 0	Weight loss/gain last 30 days: + or - 10 lbs.	6		
Bed-Chair					
Ambulation skills	Total assist 3 Moderate/minimum assist 2 Independent 0	Pressure Ulcer: any stage	6		
Be-Bathroom					
Self care skills	Total assist 3 Moderate/minimum assist 2 Independent 0	Feeding/swallowing difficulty	2		
Feeding/Eating					
Toileting	Total assist 3 Moderate/minimum assist 2 Independent 0	Nausea and vomiting > 3 days Food Allergy/Intolerance	3 1		
Dressing/Hygiene	Total assist 3 Moderate/minimum assist 2 Independent 0	Pre-hospital diet/diet restriction: Diabetic, Renal Tube feeding, Parenteral	2 6		
Range of motion all extremities	Total assist 3 Moderate/minimum assist 2 Active 0	Socio/Cultural/Religious needs relating to nutrition	1		
TOTAL SCORE	<u>10</u>	TOTAL SCORE	<u>0</u>		

**JAMAICA HOSPITAL
MEDICAL CENTER
DEPARTMENT OF PSYCHIATRY**

CREATIVE ARTS THERAPY ASSESSMENT

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

UOVANESIAN CHURCH

Functional Skill Area	Good	Average	Poor	Behavioral Example (If applicable)
Motivation				PT has not attended group since admission. Not enough contact to assess.
Follows Directions				
Plans/Organizes				
Problem Solving				
Works Independently				
Frustration Tolerance				
Concentration				
Making Decisions				
Meeting New People				
Being Assertive				
Relatedness				
Accepting Responsibility				
Accepting Feedback				
Impulse Control				
Reality Testing				
Self-Awareness				
Express-ability				
Strengths/Assets:				
Weaknesses:				
Preferred Modality (e.g.: Verbal, Art, Movement etc.)				
Goals:				
Recommendations:				

Signature: Gabriela Puentes MACAT-Limited Date: 11/6/09

Print/Stamp name & title: GABRIELA PUNTES, MACAT-Limited Admin


**JAMAICA HOSPITAL
MEDICAL CENTER**

DEPARTMENT OF NURSING

 SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 11/01/2009 162B 130381874 99
 ALDANA-BERNIER, LILIAN R PSYC
FALL RISK ASSESSMENT

DIRECTIONS: Use the following assessment tool to identify patients at risk for falls. Circle the score for each risk factor which applies to your patient. Patients with a score of 5 or more must be placed on the fall prevention program (Spot the Dot). Risk factors along with Process Standards must be incorporated in the Patient Care Plan.

RISK FACTORS	PROCESS STANDARDS	SCORE
1. Age	1. Assess age changes related to functional status (over 65 years old)	<u>5</u>
2. History of previous Falls	1. Ascertain from patient and family previous fall patterns and initiate Spot the Dot Program as necessary. 2. Discuss activity limitations with patient and family. 3. Provide safe environment - Call light within reach - Bed in low position - Bed wheels locked - Side rails up - Night light or bathroom light on	<u>5</u>
3. Mental Status - Dementia - Psychoses - Delirium Tremens - Seizures	1. Assess patient's mental status - Orientation - Memory - Judgment - Behavior 2. Assess needs for restraints. 3. Assess need for placing patient in room near nurses' station. 4. Assess need for companion supervision.	<u>5</u>
4. Debilitation/weakness/cachexia	1. Assess patient's self-care ability. 2. Assess patient's ability to turn, pull and move about freely. 3. Arrange furniture/equipment to provide safe environment.	<u>5</u>
5. Mobility Deficits - Hemiparesis - Paraparesis - Hemiplegia - Paraplegia - Ataxia - Use of prosthetic devices - Use of cane/crutches - Amputee - Parkinson's disease	1. Assess patient's ambulatory status; have patient demonstrate walking. 2. Provide safe environment: - Maintain bed in low position with breaks locked. - Keep side rails in operable and within reach. - Place assistive devices and necessary equipment within reach while maintaining safe environment. - Have patient wear appropriate footwear when ambulating. - Utilize night light.	<u>5</u>

Form OMH-74 SR (3-97)

New York
Mental Health**NOTICE OF STATUS AND RIGHTS
EMERGENCY ADMISSION**(to be given to the patient at the time of
admission to the hospital)

Section 9.39 Mental Hygiene Law

SCHOOLCRAFT, ADRIAN

M/R: 1298984

DOB: 06/21/1975 34Y M

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

PT#: 130381874
FIC: 19 S

Date of Birth

Facility Name

TO:

Schoolcraft, AdrianDate of Arrival
at Hospital:

Mo Day Yr

Based upon an examination by a staff physician, you have been admitted as an emergency-status patient to this hospital for persons with mental illness for immediate observation, care and treatment. Within 48 hours of the time of your admission, you will be examined by another physician, who is a member of the psychiatric staff of this hospital. If he or she confirms the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from the date of your arrival. During this 15 day period you may be released, converted to involuntary status, or asked to remain as a voluntary or informal patient.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

MENTAL HYGIENE LEGAL SERVICE

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

**MENTAL HEALTH LEGAL SERVICES
CREEDMOOR PSYCHIATRIC CENTER
80-45 WINCHESTER BOULEVARD
QUEENS VILLAGE, NY 11247
TELEPHONE NUMBER (718) 264-3342**

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

Signature of Staff Physician

Date

COPIES TO: Persons designated by patient to be informed of admission. (If None, type in "NONE")

A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service.
State and Federal Laws prohibit discrimination based on race, color, creed, national origin, age, sex, or disability.

Form OMH 474 (2-89)

SCHOOLCRAFT, ADRIAN

M/R: 1298984

DOB: 06/21/1975 34Y M

ADM: 11/03/2009 15:00

HOVANESIAN, SHUSHAN

PT#: 130381874

F/C: 19 S

03MH9HAL 01

EMERGENCY ADMISSION Section 9.39 Mental Hygiene Law

Sec: 4

Doc. of Birth

Facility Name

Unit/Ward No.

I. General Provisions for Emergency Admission

- A In order for a person to be admitted to a hospital according to Section 9.39 of the Mental Hygiene Law, all the following requirements must be met:
- 1 The hospital must be approved by the Commissioner of Mental Health to receive and retain patients according to this Section;
 - 2 The person must be alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others. "Likelihood to result in serious harm" means:
 - a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization); or
 - a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.
 - 3 A staff physician of the admitting hospital must examine the person and find that the person meets the standard for admission under this Section. The physician then completes this Form, OMH 474, Emergency Admissions.
- B A person who is alleged or appears to be mentally ill may be taken into custody, transported, or removed to a hospital approved to accept emergency admissions, according to the following sections of the Mental Hygiene Law:
- Section 9.41 - Powers of Certain Peace Officers and Police Officers, Form OMH 474A/476A, I
 - Section 9.43 - Powers of Courts - Form OMH 465, Civil Order for Removal to Hospital
 - Section 9.45 - Powers of Directors of Community Services, Form OMH 474A/476A, II
 - Section 9.55 - Powers of Qualified Psychiatrists, Form OMH 474A/476A, III
 - Section 9.57 - Powers of Emergency Room Physicians, Form OMH 474A/476A, IV
- C On admission, the person will be given a written notice of status and rights as a patient admitted according to MHL Section 9.39. This notice will also be given to the Mental Hygiene Legal Service and up to three other persons designated by the person admitted.
- If a person admitted according to this Section is to be retained in the hospital for more than 48 hours, another physician, who is a member of the psychiatric staff of the hospital, must examine the person and confirm the admitting physician's findings by completing page 2 of this form (OMH 474).
- Within 15 days of admission, if it is determined that the person is not in need of involuntary care and treatment, s/he shall be discharged unless s/he is suitable and agrees to remain as a voluntary patient. If the person is in need of continued inpatient care and treatment, and is not suitable or will not agree to remain as a voluntary patient, s/he may be retained beyond 15 days only by completion of an application and two medical examinations as required for admission according to MHL Section 9.27 - Involuntary Admission on Medical Certification.

II. Record of Admission

- A The above-named person was brought to this hospital by

Name: *Frankel per Med Sec*

Tel/Badge No (as appropriate)

Address

Phone

Relationship to Person

Address of Person

Time of Arrival
at hospital

11/03/09 13:03
MONTH DAY YEAR HOUR MINUTE

☐ A.M.
☐ P.M.

- E Circumstances which led to the person being brought to this hospital

(If applicable) Person was taken into custody, transported, or removed to this hospital in accordance with MHL Section _____

*patient is a danger to himself
currents psychotic & paranoid. will
benefit from inpatient stabilization*

- C I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION AND FIND THERE IS REASONABLE CAUSE TO BELIEVE THAT THE PERSON HAS A MENTAL ILLNESS FOR WHICH IMMEDIATE OBSERVATION, CARE AND TREATMENT IN A MENTAL HOSPITAL IS APPROPRIATE AND WHICH IS LIKELY TO RESULT IN SERIOUS HARM TO HIMSELF OR HERSELF OR OTHERS

Physician's Signature

Wm. Gibson, MD

11/03/09 13:03
MONTH DAY YEAR HOUR MINUTE

☐ A.M.
☐ P.M.

LOCATION: 081X

EMERGENCY MEDICINE RECORD

NURSING									
VITAL SIGNS									
	TIME	B.P.	PULSE	RESP	TEMP				
	TIME	B.P.	PULSE	RESP	TEMP				
IF ORDERED, CHECK WHEN COMPLETED						<input type="checkbox"/> OXYGEN GIVEN			
<input type="checkbox"/> EKG	INITIALS	<input type="checkbox"/> CARDIAC MONITOR	INITIALS	<input type="checkbox"/> IV ANGIO#	INITIALS	FLUID			
						INITIALS	METHOD	INITIALS	
NURSE'S NOTES									
<input type="checkbox"/> ADVANCED DIRECTIVES DISCUSSED HEALTH CARE PROXY <input type="checkbox"/> YES <input type="checkbox"/> NO AGENT'S NAME:									

RN SIGNATURE							
DATE	TIME	NON-MEDICATION ORDERS (EKG, LABS, CULTURES, ETC.)			MD SIGNATURE	RN SIGNATURE	TIME

MEDICATION ORDERS							
DATE	TIME	MEDICATION	DOSE	ROUTE	MD SIGNATURE	RN SIGNATURE	TIME



SCHOOLCRAFT, ADRIAN

1298984

M

DOB: 06/21/1975

34Y

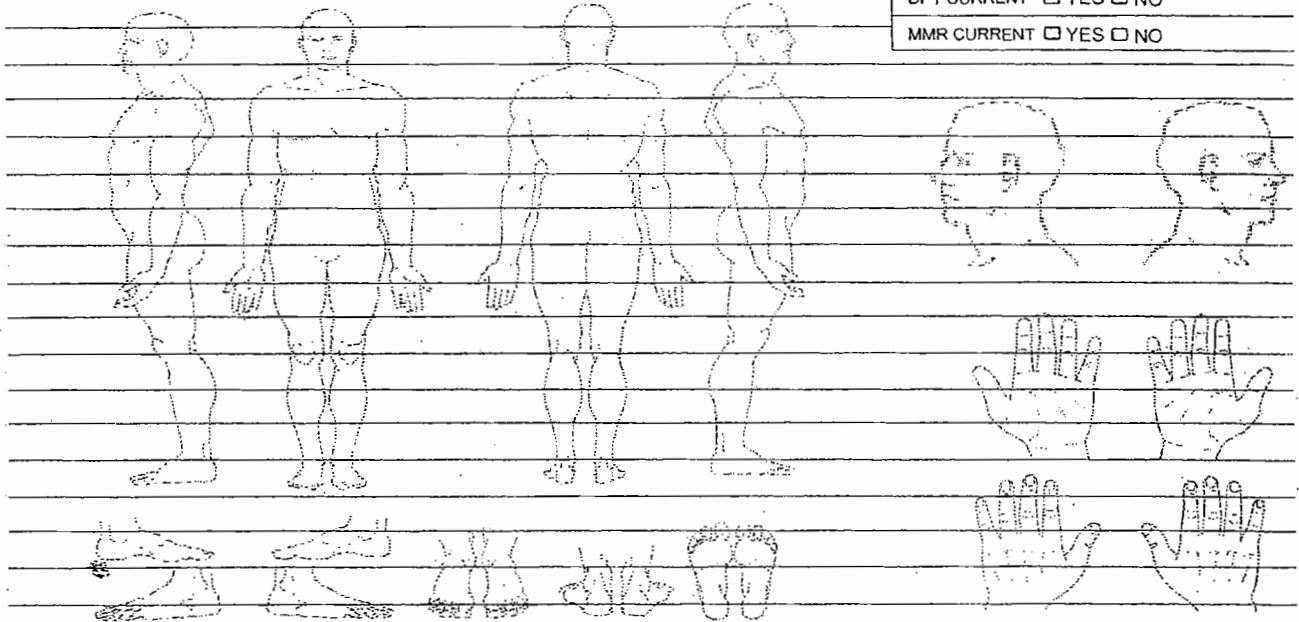
ADM: 10/31/2009 081X

01

130381015

STAFF, PHYSICIAN

DATE	HISTORY & PHYSICAL	ACTION IF NOT CURRENT:
TIME		DT CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO
		DPT CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO
		MMR CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO



IMPRESSIONS		PHYSICIAN NAME (PRINT)		ID #
		PHYSICIAN NAME (SIGN)		
LAB TESTS		RADIOLOGY		ED READING
TIME	RESULTS	X-RAY #		
<input type="checkbox"/> HGB		<input type="checkbox"/> CHEST		
<input type="checkbox"/> HCT		<input type="checkbox"/> ABDOMEN		
<input type="checkbox"/> WBC		<input type="checkbox"/> C-SPINE		
<input type="checkbox"/> NA		<input type="checkbox"/> L-SPINE		
<input type="checkbox"/> K		<input type="checkbox"/> PELVIS		
<input type="checkbox"/> CL		<input type="checkbox"/> TIBIA/FIBULA L R		
<input type="checkbox"/> CO ₂		<input type="checkbox"/> FEMUR L R		
<input type="checkbox"/> BUN/CR	/	<input type="checkbox"/> WRIST L R		
<input type="checkbox"/> GLUC.		<input type="checkbox"/> ANKLE L R		
<input type="checkbox"/> AMYLASE		<input type="checkbox"/> HIP L R		
<input type="checkbox"/> PT/PTT		<input type="checkbox"/> CT SCAN		
<input type="checkbox"/> UCG		<input type="checkbox"/>		
<input type="checkbox"/> CPK				
CONSULTANT NAME		ADDITIONAL MD NOTES		
SERVICE				
TIME CALLED		FINAL DIAGNOSIS		CODE
1.				
2.				
3.				

DISPOSITION				
<input type="checkbox"/> ADMITTED, TIME: _____	ROOM # _____	SERVICE _____	<input type="checkbox"/> FAMILY MEMBER NOTIFIED	NAME, RELATIONSHIP _____
<input type="checkbox"/> EXPIRED, TIME: _____	<input type="checkbox"/> M.E. CALLED, TIME: _____	ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO	CASE # _____	
<input type="checkbox"/> DISCHARGED, TIME: _____	<input type="checkbox"/> INSTRUCTIONS GIVEN (TYPE) _____		<input type="checkbox"/> PVT MD NOTIFIED OF DISPOSITION	
<input type="checkbox"/> OTHER _____	(AMA, WALK-OUT, TRANSFER)	TIME: _____	TIME: _____ INITIALS _____	
CONDITION ON DISCHARGE _____				
DISCHARGING				
PHYSICIAN NAME (PRINT) _____		SIGNATURE _____	ID # _____	DATE _____

EMERGENCY DEPT COPY

FORM NO. J0001C
JHMC 93



SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y F/C: 99
ADM: 11/01/2009 08:54 162B 130381874
ALDANA-BERNIER, LILIAN R PSYC

EMERGENCY DEPARTMENT AFTERCARE SHEET

For Registration Only:

- ☐ MediSys Eligible
☐ Private MD
☐ Other or HMO

Results of blood tests, cultures, x-rays, and cardiograms will be reviewed. You will be contacted if necessary.

Name: _____ Patient's Phone #: _____

Chart #: _____ X-Ray #: _____

Diagnosis: _____

Medications Given in ED: _____

Medications Prescribed: _____

Discharge Instructions: _____

Diagnosis Related Written Instructions Given ☐

Follow-Up Advised Within ____ Days.

☐ No school/gym ____ days. (circle one)

☐ No work ____ days.

☐ On-site or specialty clinic.

Clinic: _____

☐ Workers Compensation patients.

Call 718-206-8810 or your private physician.

☐ Contact your private physician for follow-up.

☐ OB patients call Women's Health Department
at 718-206-6162

MediSys Appointment Service:

____ Pediatrics ____ Podiatry

____ Internal Medicine ____ Dental

____ Family Practice ____ Gynecology

HMO / Managed Care patients **must** be seen
by their Primary Care Physician or bring a
written referral.

The examination and treatment you have received in the Emergency Department has been rendered on an emergency basis only. It is not intended to be a substitute for or an effort to provide complete medical care. After the acute episode of illness, accident, or condition, you are advised to seek follow-up care with your private physician or an outpatient clinic. If your problem persists or worsens, call your doctor or return to the Emergency Room for further treatment. If your condition worsens, call your doctor or returns to the Emergency Room for further treatment. If your condition worsens prior to date of your clinic appointment, please return to the Emergency Department immediately.

I have had the opportunity to ask any additional questions. I will arrange for follow-up care as instructed and have received a copy of this patient information.

Date: ____ / ____ / ____

X _____
Patient or Representative/Relationship

Time: ____ : ____ AM/PM

Discharged By _____

PATIENT COPY

FORM NO. J00019
JHMC 94



**JAMAICA HOSPITAL
MEDICAL CENTER**
8900 Van Wyck Expressway Jamaica, NY 11418

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y F/C: 99
ADM: 11/01/2009 08:54 162B 130381874
ALDANA-BERNIER, LILIAN R PSYC

EMERGENCY DEPARTMENT AFTERCARE SHEET

For Registration Only:

- ☐ MediSys Eligible
☐ Private MD
☐ Other or HMO

Results of blood tests, cultures, x-rays, and cardiograms will be reviewed. You will be contacted if necessary.

Name: _____ Patient's Phone #: _____

Chart #: _____ X-Ray #: _____

Diagnosis: _____

Medications Given in ED: _____

Medications Prescribed: _____

Discharge Instructions: _____

Diagnosis Related Written Instructions Given ☐

Follow-Up Advised Within ____ Days.

☐ No school/gym ____ days. (circle one)

☐ No work ____ days.

☐ On-site or specialty clinic.

Clinic: _____

☐ Workers Compensation patients.

Call 718-206-8810 or your private physician.

☐ Contact your private physician for follow-up.

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at 718-206-6162

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____ Pediatrics ____ Podiatry

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I have had the opportunity to ask any additional questions. I will arrange for follow-up care as instructed and have received a copy of this patient information.

Date: ____ / ____ / ____

X

Patient or Representative/Relationship

Time: ____ : ____ AM/PM

Discharged By

MEDISYS COPY

FORM NO. J00019
JHMC 95



SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y F/C: 99
ADM: 11/01/2009 08:54 162B 130381874
ALDANA-BERNIER, LILIAN R PSYC

EMERGENCY DEPARTMENT AFTERCARE SHEET

For Registration Only:

- ☐ MediSys Eligible
☐ Private MD
☐ Other or HMO

Results of blood tests, cultures, x-rays, and cardiograms will be reviewed. You will be contacted if necessary.

Name: _____ Patient's Phone #: _____

Chart #: _____ X-Ray #: _____

Diagnosis: _____

Medications Given in ED: _____

Medications Prescribed: _____

Discharge Instructions: _____

Diagnosis Related Written Instructions Given ☐

Follow-Up Advised Within ____ Days.

☐ No school/gym ____ days. (circle one)

☐ No work ____ days.

☐ On-site or specialty clinic.

Clinic: _____

☐ Workers Compensation patients.

Call 718-206-8810 or your private physician.

☐ Contact your private physician for follow-up.

☐ OB patients call Women's Health Department
at 718-206-6162

MediSys Appointment Service:

____ Pediatrics ____ Podiatry

____ Internal Medicine ____ Dental

____ Family Practice ____ Gynecology

HMO / Managed Care patients **must** be seen
by their Primary Care Physician or bring a
written referral.

The examination and treatment you have received in the Emergency Department has been rendered on an emergency basis only. It is not intended to be a substitute for or an effort to provide complete medical care. After the acute episode of illness, accident, or condition, you are advised to seek follow-up care with your private physician or an outpatient clinic. If your problem persists or worsens, call your doctor or return to the Emergency Room for further treatment. If your condition worsens, call your doctor or returns to the Emergency Room for further treatment. If your condition worsens prior to date of your clinic appointment, please return to the Emergency Department immediately.

I have had the opportunity to ask any additional questions. I will arrange for follow-up care as instructed and have received a copy of this patient information.

Date: ____ / ____ / ____

X _____
Patient or Representative/Relationship

Time: ____ : ____ AM/PM

Discharged By _____

FILE COPY

FORM NO. J00019
JHMC 96



SCHOOLCRAFT, ADRIAN

1298984 M DOB: 06/21/1975 34Y

ADM: 11/01/2009 08:54 162B 99 130381874

ALDANA-BERNIER, LILIAN R PSYC

**ADULT EMERGENCY DEPARTMENT
MISCELLANEOUS CHARGES – MEDICATIONS**

PATIENT NAME:			PATIENT ACCOUNT#		
Code	Medication	Qty	Code	Medication	Qty
25013701	Adenosine injection 6mg/ 2ml		25013540	Ipratropium inh sol 2.5ml	
25013479	Albuterol 2.5mg/3ml inh U/D		25014288	Ketorolac 30mg injection (TORADOL)	
25013482	Albuterol 0.5% Inhalation 20ml		25014289	Ketorolac 60mg injection (TORADOL)	
25013108	Ampicillin 2Gm injection		25013908	Labetalol 100mg injection	
25013498	Atropine 0.5mg syringe	-	25013588	Levalbuterol 1.25mg/3ml Inh (Xopenex)	
25013499	Atropine 1mg syringe		25013804	Lidocaine 100mg syringe	
25013348	Azithromycin (Zithromax) Inj 500mg		25014141	Magnesium sulfate 1Gm/2ml inj	
25014443	Calcium Gluconate 1Gm injection		25015246	Methergine 0.2mg injection	
25013136	Cefazolin 1Gm injection		63614903	Metoclopramide 10mg/2ml	
25013291	Ceftriaxone (Rocephin) Inj 1 gm		25013819	Metoprolol 5mg injection	
25013165	Clindamycin 600mg injection		25016375	Moxifloxacin (Avelox) 400mg/250ml	
25013166	Clindamycin 900mg injection		25013244	Nafcillin 2Gm injection	
25014956	Charcoal 25Gm/120ml liquid		25014182	Naloxone 2mg injection	
25015527	Cyanocobalamin 1mg inj (B12)		25013848	Nitroglycerin 50mg injection	
25015055	Dexamethasone 10mg/ml injection 1 ml		25015247	Oxytocin 10U/ml injection	
25914475	Dextrose 50% syringe 50ml		25014224	Phenytoin 100mg injection	
25013756	Digoxin 0.25mg/ml injection		25014226	Phenytoin 250mg/5ml injection	
25013758	Diltiazem 25mg injection		25014376	PPD 5TU skin test intermed	
25013060	Diphenhydramine 50mg injection		25015545	Phytonadione 10mg injection (Vit K)	
25013919	Enalaprilat 2.5mg/2ml injection		25014921	Prochlorperazine 10mg inj	
25013535	Epinephrine 1mg syringe		25013067	Promethazine 25mg injection	
25013536	Epinephrine 1mg/ml amp		25013569	Robaxin 1000mg/10ml injection	
25013598	Epinephrine inhalation sol 0.5ml		25015438	Silver Sulfadiazene cream 50Gm	
25014491	Furosemide 40mg injection		25014543	Sodium Bicarb 50mEq syringe	
25014485	Furosemide 100mg injection		25014629	Sod Chloride 0.9% inh sol 5ml	
25013210	Gentamicin 80mg injection		25015148	Solu-Cortef 250mg injection	
25015070	Glucagon 1mg injection		25015150	Solu-Medrol 125mg injection	
25014082	Haloperidol 5mg/ml inj 1ml		63615294	Tetanus/Dip Tox 0.5ml (Adult)	
25013658	Heparin Sod 10,000U/ml vial 1 ml		25015566	Thiamine 100mg injection	
25014095	Hydroxyzine 50mg/ml injection		25014951	Zantac 50mg injection	



FORM NO. J00021

JHMC 97


**JAMAICA HOSPITAL
MEDICAL CENTER**
**LIMITED POWER OF ATTORNEY TO PURSUE PAYMENT AND APPEALS
AND RELEASE MEDICAL INFORMATION — QUESTIONS AND ANSWERS**

This form is intended to offer answers to the most frequently asked questions regarding a Limited Power of Attorney to Pursue Payment and Appeals and Release of Medical Information. Please ask any additional questions you may have.

1. **What is a Limited Power of Attorney to pursue Payment and Appeals and Release of Medical Information (the "Limited Power of Attorney")?** If you sign the Limited Power of Attorney, you are authorizing Jamaica Hospital Medical Center ("Health Care Provider") to pursue payment from your health insurer, health maintenance organization, self-insurance plan, governmental program or other payer ("Health Plan"), if your Health Plan denies payment for services provided by the Health Care Provider on the basis that such services are not medically necessary.
2. **What authority am I giving to the Health Care Provider if I sign the Limited Power of Attorney?** You are authorizing the Health Care Provider to act on your behalf to appeal a decision by your Health Plan to deny payment for medically necessary services that the Health Care Provider has provided or intends to provide. The Health Care Provider will be able to pursue an appeal to your Health Plan under its policies and procedures and, if applicable, before an external appeal agent, arbitrator, court of law or other third party reviewer ("Independent Reviewer") where permitted under State and Federal law. You are also authorizing the Health Care Provider to release necessary information in your medical records to your Health Plan and/or the Independent Reviewer in pursuing payment or an appeal on your behalf.
3. **Will the Health Care Provider be able to make other decisions on my behalf if I sign the Limited Power of Attorney?** No. The Health Care Provider has no authority to make any other personal, business or health care decisions on your behalf. If you want to designate someone you know, such as a family member, to make health care decisions on your behalf, you should sign a health care proxy. If you have any questions regarding a health care proxy or other advance health care directives, your Health Care Provider can provide you with more information.
4. **Can I contact my Health Plan directly if I sign the Limited Power of Attorney?** Yes. The Health Care Provider will act as your agent in pursuing payment from your Health Plan. As your agent, the Health Care Provider is available to discuss the process with you and, if you desire, you may take an active role in the process. If you decide to contact your Health Plan regarding a denial of payment for medically necessary services, we suggest that you keep the Health Care Provider informed so efforts can be coordinated.
5. **Will the Health Care Provider charge a fee for its services as my agent?** No. The Health Care Provider will not charge you for its services as your agent.
6. **What happens if I lose the appeal to the Independent Reviewer?** The decision of the Independent Reviewer will be final and binding on you, the Health Care Provider and your Health Plan.
7. **Will the Limited Power of Attorney remain in effect if I later become disabled or incompetent?** Yes. It will remain in effect for one year from the date you sign it, but you can revoke it earlier by Notifying the Health Care Provider.
8. **Will my health care services be affected if I decide NOT to sign the Limited Power of Attorney?** No. It is your decision whether or not to sign the Limited Power of Attorney. Irrespective of whether you decide to sign it or not, the Health Care Provider will provide medically necessary services as decided by you and your physician.



ALDANA-BERNIER, LILIAN R PSYC

JHMC 99



**JAMAICA HOSPITAL
MEDICAL CENTER**
8900 Van Wyck Expressway Jamaica, NY 11418

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y F/C: 19 S
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874
HOVANESIAN, SHUSHAN

CONSENT FOR GENERAL ADMISSION/ EXAMINATION/TREATMENT

I authorize my admission to The Jamaica Hospital Medical Center ("Hospital"). I authorize the Hospital, the attending physicians and dentists on its medical staff, assisted by the House Staff, Nursing Staff, Allied Health Staff (employees of the Hospital) and students (nonemployees), to provide such medical and/or dental care and to administer such routine diagnostic tests and procedures, including but not limited to, diagnostic x-rays; the administration and/or injection of pharmaceutical products and medications; the drawing of and/or administration of blood or other derivatives, as is deemed necessary or advisable in my care.

I understand that the attending physicians managing or participating in my care may not be employees or agents of the Hospital. I also understand that the Hospital is only responsible for the care rendered by Hospital employees and/or agents.

I acknowledge that no guarantees or assurances have been made to me concerning the outcome of treatments or examinations in the Hospital.

I confirm that I have read and fully understand the above.

Patient/Authorized Person: _____

Signature

Print Name

(If Required)
Interpreter: _____

Signature

Print Name

Relationship, if signed by
person other than patient

Witness: _____

Signature

Print Name

Date: _____

*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18, incompetent, or is otherwise incapacitated.


**JAMAICA HOSPITAL
MEDICAL CENTER**

 Department of Psychiatry
Emergency Division

**Nursing Assessment
Form**

PT NAME:

 SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

MR#:

AGE:

SEX:

 Date: 11/1/09 Time: 9AM Catchment Area: _____
 Informant: ☒ Patient ☐ Family ☐ Police ☒ Other: Consultation Report.

Name of Informant: _____ Telephone #: _____

MODE OF ARRIVAL:

 Walk in: ☐ Self ☐ Family ☐ Ambulance ☒ Transfer ☐ Court Remand

 Police: _____ Badge #: _____ PCT: _____ Prisoner: ☐ Yes ☒ No

 Handcuffs: ☐ Yes ☒ No Other: _____

HISTORY

 Patient's Chief Complaint: Denies

 Circumstances Leading to Admission: BIB/NYPD to client was deemed to be paranoid & a danger to himself by his Black women
PREVIOUS PSYCHIATRIC HISTORY
☐ YES ☒ NO

 Hospitalization(s) (where): Denies Where: NA

 Current Psychiatric or Medical Conditions: Denies

 Treatment and/or Medication: Denies
MEDICAL HISTORY

 Diabetes: ☐ Yes ☒ No

 Hypertension: ☐ Yes ☒ No

 Drug: ☐ Yes ☒ No

 Cardiac: ☐ Yes ☒ No

 Respiratory: ☐ Yes ☒ No

 Alcohol: ☐ Yes ☒ No

 Seizure Disorder: ☐ Yes ☒ No

 Smoking: ☐ Yes ☒ No

If yes, Explain: _____

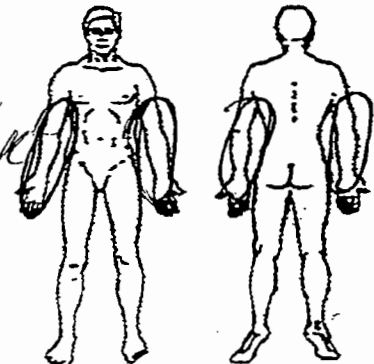
 Skin Conditions - Contusions/Laceration: ☒ Yes ☐ No

 Describe location, size, color, drainage, odor: purple/black

 Scars/Rashes: ☐ Yes ☒ No

Describe location, size: _____

 Allergies/Medication: ☐ Yes ☒ No

 Food: ☐ Yes ☒ No


PHYSICAL EXAM

Vital Signs:

P: 99.0 BP: 139/80
 P: 115 HT: 6'3"
 R: 18 WT: 109KG

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 11/01/2009 1628 130381874 99
 ALDANA-BERNIER, LILIAN R PSYC

PATIENT'S APPEARANCEAppetite: GoodSleeping Pattern: fair**ATTITUDE/MOOD**

☒ Cooperative ☐ Uncooperative ☐ Anxious ☐ Panic ☐ Hostile
☐ Guarded ☐ Suspicious ☐ Angry ☐ Sad ☐ Tearful
☐ Elated ☐ Demanding ☐ Seductive

SPEECH

☒ Clear ☐ Normal Rate ☐ Slurred ☐ Slow ☐ Rapid
☐ Mute ☐ Loud ☐ Soft ☐ Shouting ☒ Relevant
☒ Spontaneous ☐ Incoherent ☐ Abusive/Cursing

Others: _____

THOUGHT PROCESS

☐ Logical/Goal-Directed ☐ Blocking ☐ Rambling ☐ Evasive ☐ Oriented
☐ Time ☐ Place ☐ Person

CHECK ALL ANSWERS: IF YES, Please describe**Hallucinations:**☐ Yes ☒ No**Delusions:**☒ Yes ☐ No

paranoid persecutory
delusions

Paranoid Thoughts:☒ Yes ☐ No

feels that his supervisor has
ill feelings towards him

Homicidal

Ideation:

☐ Yes ☒ No**Suicidal**

Ideation:

☐ Yes ☒ No

Gestures:

☐ Yes ☒ No

Gestures:

☐ Yes ☒ No

Attempts:

☐ Yes ☒ No

Attempts:

☐ Yes ☒ No

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM:11/01/2009 162B 130381874 99
 ALDANA-BERNIER, LILIAN R PSYC

Pain Assessment Score: (From Triage Form): 0

Dentures ☐ Yes Upper: Lower: ☒ No
 Eyeglasses ☐ Yes ☒ No

CONDITIONS THAT MAY PLACE A PATIENT AT GREATER RISK DURING RESTRAINT / SECLUSION

Medical Conditions: None

Physical Limitations: None

Are you currently the victim of physical/sexual abuse?

☐ Yes ☒ No

Were you at any time in the past the victim of physical or sexual abuse?

☐ Yes ☒ No

RISK ASSESSMENT FOR BEHAVIORAL DISCONTROL

For Restraints/Seclusion: ☐ Yes ☒ No If yes, specify reasons: ☐ Combative/Violent Behavior ☐ Impulsive Behavior

FOR RESTRAINT/SECLUSION ONLY:

Do you want your family/significant other to be notified?

☐ Yes ☒ No

Family has agreed to be notified at the initiation of Restraint/Seclusion:

☐ Yes ☒ No

Family has agreed to be notified the following morning regarding a Restraint/Seclusion which occurs after 9:00PM

☐ Yes ☒ No

PERTINENT FINDINGS

See Empower

NURSING PROBLEM(S) / DIAGNOSIS

See Empower

PLANNED NURSING INTERVENTIONS

See Empower

☐ Discharged from Emergency Department ☐ Admitted ☒ Other

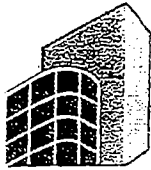
Transferred to:

11/11/09
DATE

9AM
TIME

B Woodruff
PRINT

[Signature]
SIGNATURE



JAMAICA HOSPITAL MEDICAL CENTER

HISTORY & PHYSICAL

SCHOOLCRAFT, ADRIAN

1298984 M DOB: 06/21/1975 34Y

162B ALDANA-BERNIER, LILIAN R PSYC

ADM: 11/01/2009 130381874 99

NAME PLATE

Chief Complaint:

They Brought Me In

Duration:

Private MD?:

Hx obtained from (If other than patient):

Hx of Present Illness – Must include 4 or more of the following elements

Location (Where is problem)

Severity (Scale 1 – 10)

Associated symptoms (Swelling, Redness)

Modifying factors (Feels better when...)

Duration (How long problem existed)

Timing (When it occurs, how long it lasts)

Context (Hurts when I...)

Quality of Pain (Sharp, Dull, Stabbing)

34 y/o Male Brought in By NYPD, because they thought he was paranoid and was a danger to himself

REVIEW OF SYSTEMS

Experienced/Experiencing signs or symptoms?

NO

Constitutional Symptoms
(fever, wt. loss, etc.)☐

Eyes

☐

Ears, Nose, Mouth, Throat

☐

Cardiovascular

☐

Respiratory

☐

Gastrointestinal

☐

Genitourinary

☐

Musculoskeletal

☐

Skin and/or Breasts

☐

Neurological

☐

Psychiatric

☐

Endocrine

☐

Hematologic/Lymphatic

☐

Allergic/Immunologic

☐

A ROS is an inventory of ALL body systems obtained through a series of questions to identify signs and/or symptoms which the patient may be experiencing or has experienced.

Denied

PRINT NAME

SIGNATURE

DATE

1 of 4

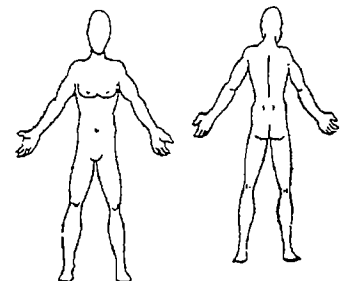
MULTI-SYSTEM EXAMINATION
MUST INCLUDE 9 OR MORE OF THE
FOLLOWING ORGAN SYSTEMS

Check "□N" if NORMAL or NEGATIVE,
otherwise Describe Significant or Abnormal Findings

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

NAME PLATE

Constitutional	BP: 124/76 Pulse: 93 Temp: 99.2 Ht: Wt: Resp: SpO2:
	□N Appearance Well Appearing Mildly agitated
Eyes	□N Conjunct/Lids □N Pupils/Irises
ENT & Mouth	□N Ears □N Nose □N Oropharynx □N Dentition
Neck	□N Masses: □N Trachea □N Carotids □N Thyroid □N JVPs
Respiratory	□N Inspection □N Percussion □N Palpation □N Auscultation
Cardiovascular	□N Palpation □N Heart Size □N Thrills □N Auscultation □N Murmurs □N Rubs □N Gallops
Extremities	□N Pulses □N Edema
Chest - Breasts	□N Inspection □N Masses □N Palpation □N Discharge
Abdomen	□N Tenderness □N Masses □N Bowel Sounds
Gastrointestinal	□N Liver □N Spleen □N Kidneys □N Rectal Exam (Stool Guaiac)
Genitourinary	Female: □N Pelvic (If Indicated) Cervix □N Uterus □N Adnexa □N Discharge PAP smear (date)
	Male: □N Prostate (If Indicated)
Skin	□N Inspection □N Rash □N Palpation □N Lesions
Lymphatic	□N Neck □N Axillae □N Groin Other:
Musculoskeletal	□N R.O.M. □N Nails □N Gait
Psychiatric	□N Judgment □N Mood & Affect: Mental Status A&O X 3
Neurologic	□N DTRs (e.g. Babinski) □N Cranial Nerves □N Sensory □N Motor



PRINT NAME

SIGNATURE

DATE

3 of 4

JHMC 106

LAB, X-RAY & EKG RESULTS

WBC: 12.3^{8.6} RBC:
 Hemoglobin: 14.8 Hematocrit: 44 MCV: 87.6 Platelets: 251

Diff. - Neutro: Lymph: Mono: Eosin: Baso:

Glucose: 94 Urea Nitrogen: 14 Creatinine: 1 Sodium: 138 Potassium: 4.1 Chloride: 104 CO₂: 24 Calcium: 9.4

Total Protein: 8.2 Albumin: 4.7 Bilirubin: 0.6 Alk Phos: 57 AST: 46 ALT: 57 Anion Gap: U/A:

INR: PT: PTT: ABG-pH: CO₂: O₂: HCO₃: HCG: ☐Pos ☒Neg

Other: Lip 55, Amyg-44 RPRs NB

EKG:

CXR:

CT Scan: Head CT- Normal

FINDINGS:

- Well Male
- First psych. incident

DIAGNOSIS:

THERAPEUTIC PLAN:

- Continue Current psych Treat.
- Patient is medically cleared to be admitted to psych. Floor.

Resident (PRINT)

Heron

SIGNATURE

[Signature]

BEEPER

12953

DATE

11/2/17 TIME 10:

ATTENDING'S IMPRESSION: ☐ I saw and evaluated the patient. ☐ I reviewed the resident's findings.

RELEVANT HPI:

RELEVANT PHYSICAL EXAM:

DIAGNOSIS/PLAN: ☐ I agree with the resident's note above

ATTENDING (PRINT)

SIGNATURE

BEEPER

DATE

TIME

4 of 4

JHMC 107

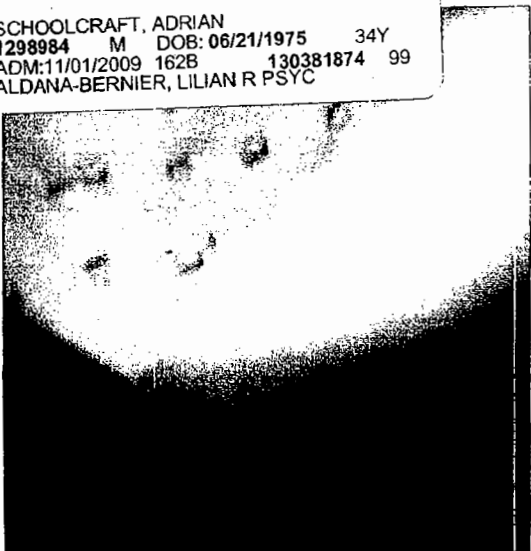

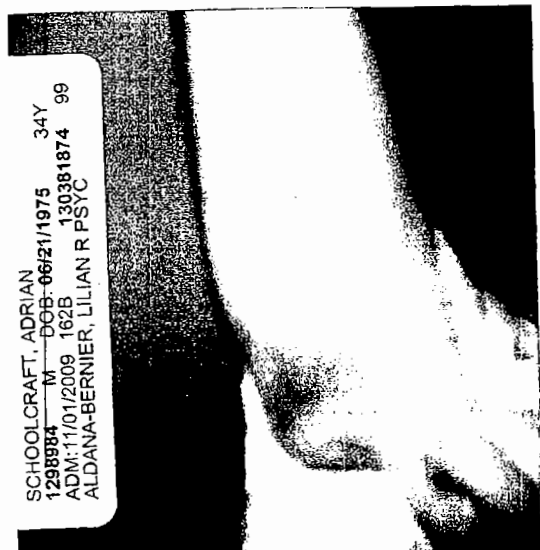


**JAMAICA HOSPITAL
MEDICAL CENTER**

8900 VAN WYCK EXPWY.
JAMAICA, N.Y. 11418

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

Date	Start	Start RN and all
11/20/09	left wrist	 <p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: 06/21/1975 34Y ADM: 11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p>
11/22/09	Right Arm Rt. reddened anterior	 <p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: 06/21/1975 34Y ADM: 11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p>
	# wrist Reddened posterior & anterior	 <p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: 06/21/1975 34Y ADM: 11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p>
	Left arm bruise	 <p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: 06/21/1975 34Y ADM: 11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p>

SEQ 024 FULC1

JHMC 108

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM:11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

[illegible]



Department of Psychiatry
Inpatient Division

SCHOOLCRAFT, ADRIAN

M/R: 1298984 PT#: 130381874
DOB: 06/21/1975 34Y M F/C: 19 S
ADM: 11/03/2009 15:00 03MH9HAL 01
HOVANESIAN, SHUSHAN

PSYCHOSOCIAL ASSESSMENT

DEMOGRAPHICS

Age: 34 Sex: M Marital Status: S Race: Caucasian Religion: unknown
Address: 82-60 88th Pl. Ridgewood, N.Y. 11385

Telephone: (718) 570-6224 Country Of Birth: U.S.

Education: some college Language: English Occupation: police officer

Social Security #: 469-97-6997 Income Source: employed

Insurance: Aetna US Healthcare Number: BBM6PBBA

Veteran's Benefits: yes Immigration Information: citizen

Problems Precipitant To Current Admission: pt. was BFB EMS/
NYPD officer his colleagues and superiors
at the NYPD became concerned about
his behavior.

Past Psychiatric History/Hospitalization: No Known hx.

Outpatient Treatment (name & telephone #) None.

Outpatient Therapist (contact, date & time) None.

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM:11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

Family Psychiatric History:

None - pt. / family deny.

Substance Abuse History/Treatment:

None known.

History Of Violence:

None.

History Of Abuse:

pt. denies any hx.

ACS Involvement/Worker & Telephone:

No ACS involvement.

PSA Involvement/Worker & Telephone:

No PSA involvement.

Work History:

pt. has been a NYC Police Officer for the past 7 yrs. and worked for Motorola before that. He was in the Navy.

Legal History:

None.

Living Situation:

pt. lives alone in an apt. in Glendale.

Developmental History:

pt. was born and raised in Texas. Completed H.S. went on to join the Navy, where he served 4 yrs. pt. then went to college, went to work for Motorola and they moved to N.Y. and joined the NYPD. Never married, no children.

(page 2)

JHMC 111

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

Name Of Person Living With Or Involved With Patient

Name	Relationship	Telephone #
Larry Schoolcraft	Father	(646) 957-2486

Support System/Relationship History:

Pt. 's father is supportive.

Is Religion A Source Of Strength For Patient?

NO

Does Patient Wish To See A Clergy?

Yes

No

If Yes, Date And To Whom Referral Was Made

Recent Level Of Functioning

Pt. Came to the ER @ error hospital by EMS/NYPD after his colleagues and supervisor became concerned about his behavior.

Strengths: Domiciled, Employed, Insured, supportive father.

Weaknesses:

Assessment:

Pt. is a 34 year old Caucasian male - no known psych. hx. who was BFB EMS and NYPD after his colleagues and Supervisors became concerned about his behavior. Pt. is a 2-w. officer @ the NYPD and believes that he knows of a "cover-up" that is going on within the dept. He lives alone, but has a supportive father. During the interview Pt. was calm, pleasant and cooperative. He denied any psych. symptoms, s/f, H/F or A/V other hallucinations.

(page 3)

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

Short Term Goals:

Pt. will be ready for d/c.

Long Term Goals:

Pt. will remain stable in the community.

Initial Discharge Plan:

Pt. will return home.

Patient Participation/Agreement With Plan:

Pt. feels that he is not in need of a psychiatric admission at this time, but wants to go home.

Family/Significant Other Contact Person:

Name:

Address:

Telephone #:

(See pg 3)

Is Above Person Willing To Be Involved In Treatment And Discharge Planning?

Yes

NO

Additional Information:

None @ present.

Date

Print Name

Signature

Title

11/4/09

Christine McMahon, LMSW
2. Christian Social Worker

Christine McMahon
LMSW

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

LIST ALL MEDICATIONS (PSYCHOTROPIC, NON-PSYCHOTROPIC, OVER-THE-COUNTER, OTHER).

Reconciliation on Admission to Emergency Department
Signature of ER Physician: Khurro Tariq

Reconciliation on Admission to Inpatient Unit
Signature of Inpatient Physician: _____

Revised (10/97) (1/03) (1/04)


**JAMAICA HOSPITAL
MEDICAL CENTER**
PSYCHIATRIC EVALUATION
☒ ER ☐ INPATIENT ☐ CLINIC

DATE: 11/1/09

TIME: 12 P.M.

 SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 11/01/2009 162B 130381874 99
 ALDANA-BERNIER, LILIAN R PSYC

IDENTIFYING DATA:

Age: 34	Sex: M	Sexual Orientation:	Race: Caucasian
Marital Status: S	Religion:	Legal Status:	

ALERTS: (List risk factors including danger to self/others, CPL status, physical health conditions/needs, allergies..)

Source of Information:

Patient

Tel:

Tel:

CHIEF COMPLAINTS: (By patient and/or others)

'They just came into my place and handcuffed me'. As per accompanying NYPD officers (Sgt James or per ER consult) he has been acting bizarre.

HISTORY OF PRESENT ILLNESS: (Functioning before onset, precipitating factors, interventions tried..

The patient states that he has been reporting irregularities at work to Internal Affairs for over a year. He states that his supervisor, including his immediate supervisor, the Deputy Inspector of 81st Precinct, have been under-reporting crime stats to earn more merit, get promotion and 'make a sale'. He reports having documented proof. He states that his supervisor became aware of this which is why he is being persecuted like this. He states that he was misled last night when his landlord let NYPD officers in who 'assaulted' him, including beating his arm, 'stamping lightly' on his face and causing many bruises (bruises are visible on both arms). As per ER consult done earlier today, the accompanying NYPD officer, Sgt James

Contd. overlap ->

of the 81st Precinct, the patient became agitated and verbally abusive towards his supervisor. He then left and concerned about his condition, several officers followed him home. He barricaded himself in his room and refused to come out

so the door had to be broken down. He initially agreed to go with them but once outside he made a run for it and had to be chased and handcuffed. In the medical ER the patient was agitated, verbally abusive and told the treating M.D. that 'they are all against me'.

Patient denies any recent suicidal or homicidal thoughts. He states he has bouts of anxiety and depression over what has been happening but denies persisting depressive symptoms. No recent manic symptoms charted. No hallucinations charted. Denies any recent substance use.

COURSE OF TREATMENT

LAB(S) ORDERED:	One emp at Uha TUE PM				
ABNORMAL VALUES:	None				
MEDICATION GIVEN and RESPONSE:	No med				
SIDE EFFECTS/ADVERSE DRUG REACTIONS:					
UNIT PARTICIPATION IN:					
a) Individual Sessions:	1	2	(3)	4	5
b) Group Therapy:	1	2	(3)	4	5
c) Creative Arts Therapy:	1	2	(3)	4	5
d) Leisure Activities:	1	2	(3)	4	5
FAMILY INVOLVEMENT:	John Supina				
CONDITION UPON DISCHARGE (Brief Mental Status)	Good stable				
MEDICATION(S):	No med				
FOLLOW-UP APPOINTMENT:	Behavioral & for 8/11				
FUTURE RESIDENCE:	Home				
Name:	Isak Isakov M.D.	Signature:	Date: 11/6/09		

116225362DEA7204198

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 11/01/2009 162B 130381874 99
 ALDANA-BERNIER, LILIAN R PSYC

PAST PSYCHIATRIC HISTORY:

First psychiatric symptoms: *One year ago he was evaluated by an NYPD psychologist for 'anxiety'. She recommended 'reading two books'.*

Hospitalizations: none ☒ yes ☐

Suicide attempts: ☐ yes ☒ no

Violence: ☐ yes ☒ no

Past medication and response: *Denies any past medication use.*

Adverse drug reaction: none ☒ yes ☐

Last O.P.D. Visit:

Therapist: *N/A*

Tel. No.: *N/A*

Previous Provider contacted

Yes ☐ No ☐ (Explain)

N/A

DRUG and ALCOHOL HISTORY (Previous treatments and outcome.)

Denies any history of alcohol or other drug abuse.

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
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 ALDANA-BERNIER, LILIAN R PSYC

MEDICAL HISTORY: (Include allergies and medications.)

history of ~~medical~~ problems.

Denies any significant

FAMILY HISTORY OF MENTAL ILLNESS:

Denies.

BRIEF PSYCHOSOCIAL HISTORY:

born in Queens. Raised by biological parents. Single, lives alone. Mother died in 2003 after a protracted malignancy. Has two siblings. Has been working as an NYPD officer for over seven years. His gun was taken from him a year ago after he failed a psychological evaluation.

CURRENT LIVING CONDITION AND SUPPORT SYSTEM:

Lives alone in a private apartment. Father is supportive but line's upset: no close friends.

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
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 ADM: 11/01/2009 130381874 99

MENTAL STATUS:

Appearance and Attitude: *Cooperative at this time.*

Psychomotor Motor Activity: *Normal*

Mood and Affect: *stated mood 'angry' - affect constricted.*

Speech and thought process: *speech regular rhythm and moderate volume.*

Thought content: (preoccupations, delusions, Give verbatim examples)

Patient has paranoid and persecutory delusions - he believes he is being persecuted for pursuing his 'Superiors' irregularities and corruption.

Suicidal Ideation: ☐ yes ☒ no Homicidal Ideation: ☐ yes ☒ no

Hallucinations: ☐ yes ☒ no

ORIENTATION: (time, place, person, situation.) *AOX3.*

MEMORY: (immediate, recent, remote.) *Intact.*

ATTENTION AND CONCENTRATION: (Serial sevens) = *Intact.*

ABSTRACTION: (Proverbs, similarities.) *Intact.*

ESTIMATE OF INTELLECTUAL FUNCTIONING: *Average.*

INSIGHT and JUDGEMENT: *Poor insight and judgment.*

5

8900 Van Wyck Expressway Jamaica, NY 11418 • 718-208-6000

258 B

DIAGNOSIS

Psychosis Nos

ALLERGIES

NKDA

95-FORM 120



**JAMAICA HOSPITAL
MEDICAL CENTER**
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MEDICATION RECORD

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

PRN MEDICATIONS CHART VERTICALLY NEXT TO THE MEDICATION
DATE TIME INITIALS FOR EACH DOSE GIVEN

ORDER DATE	EXP. DATE	MEDICATION, DOSAGE, FREQUENCY, ROUTE	DOSES GIVEN									
11/1/09	11/10	Haldol 5mg IM Q6hrs PRN for agitation	Date									
			Time									
			Init.									
11/1/09	11/7	Risperdal 2mg IM Q6hrs PRN for agitation	Date									
			Time									
			Init.									
			Date									
			Time									
			Init.									
			Date									
			Time									
			Init.									

STAT, SINGLE ORDERS - PRE-OPERATIVES

ORDER DATE	MEDICATION DOSAGE ROUTE	TO BE GIVEN		NURSE INITIALS	ORDER DATE	MEDICATION DOSAGE ROUTE	TO BE GIVEN		NURSE INITIALS
		DATE	TIME				DATE	TIME	

OMITTED / HELD MEDICATIONS

DATE	TIME	MEDICATIONS OMITTED / HELD	INITIALS	REASON FOR OMISSION
11/2	5p	Risperdal 0.5mg at 5p	uf	Pt refused. MD ordered -
11/3	9a	Risperdal 0.5mg	uf	Pt refused
11/3	3p	Risperdal 0.5mg	uf	Pt refused
11/4	9a	Risperdal 0.5mg	uf	Pt refused
11/5	9a	Risperdal 0.5mg PO Am	uf	Pt refused

INITIALS	FULL SIGNATURE	TITLE	INITIALS	FULL SIGNATURE	TITLE
uf	Adrian Schoolcraft	MD	uf	Adrian Schoolcraft	MD
uf	Adrian Schoolcraft	MD	uf	Adrian Schoolcraft	MD
uf	Adrian Schoolcraft	MD	uf	Adrian Schoolcraft	MD
uf	Adrian Schoolcraft	MD	uf	Adrian Schoolcraft	MD

SCHOOLCRAFT, ADRIAN
123804 M, DOB: 06/21/1975 34Y
JUN 10/01/2009 162B 130381874 98
ALDANA-BERNIER, LILIAN R PSYC

Jamaica Hospital Medical Center
PATIENT/FAMILY TEACHING RECORD
Multidisciplinary - Inpatient Adults

Factors/barriers that may influence patient's ability, needs and readiness for learning:

- ☐ None
☐ Hearing/vision/speaking impairment
☐ Cognitive/physical limitation
☒ Psychological/emotional factors
☐ Language barriers
☐ Motivation
☐ Religious/spiritual practices

Person involved in teaching: ☐ Patient ☐ Patient & family ☐ Significant other ☐ Family & caregiver

Topic	Date Initiated/Initial	Reason for admission Hospital & unit politics/Resource Patient rights & responsibilities Advance directives Pain management Hospital resources: available to patient Hygiene & grooming Safety Religious/Spiritual services avail	Teaching Method	Evaluation	Reminforced	Education material provided
General Patient Education	11/1/09	Reason for admission Hospital & unit politics/Resource Patient rights & responsibilities Advance directives Pain management Hospital resources: available to patient Hygiene & grooming Safety Religious/Spiritual services avail	1	11/6/09	1	<input type="checkbox"/> Handout/ pamphlet
	11/1/09	Reason for admission Hospital & unit politics/Resource Patient rights & responsibilities Advance directives Pain management Hospital resources: available to patient Hygiene & grooming Safety Religious/Spiritual services avail	1	11/6/09	1	<input type="checkbox"/> Handout/ pamphlet
	11/1/09	Reason for admission Hospital & unit politics/Resource Patient rights & responsibilities Advance directives Pain management Hospital resources: available to patient Hygiene & grooming Safety Religious/Spiritual services avail	1	11/6/09	1	<input type="checkbox"/> Handout/ pamphlet
	11/1/09	Reason for admission Hospital & unit politics/Resource Patient rights & responsibilities Advance directives Pain management Hospital resources: available to patient Hygiene & grooming Safety Religious/Spiritual services avail	1	11/6/09	1	<input type="checkbox"/> Handout/ pamphlet
Special Procedure/ Diagnostic Test						<input type="checkbox"/> Handout/ pamphlet
Medical Equipment						<input type="checkbox"/> Handout/ pamphlet <input type="checkbox"/> Glucosimeter & Diabetic kit <input type="checkbox"/> Asthma kit
Health Information		Mammogram/Breast self exam				<input type="checkbox"/> Handout/ pamphlet
		PAP Test				
		Prostate screening/testicular self exam				
		Smoking cessation Pneumonia/Flu Vaccine				

Initial	Signature	Date	Signature	Date
<i>[Signature]</i>	<i>[Signature]</i>	11/1/09	<i>[Signature]</i>	11/6/09



Jamaica Hospital Medical Center
PATIENT/FAMILY TEACHING RECORD
Multidisciplinary - Inpatient Adults

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 11/01/2009 162B 130381874 99
 ALDANA-BERNIER, LILIAN R PSYC

Topics	Date Initiated/ Initial	Patient/family/caregiver will verbalize/demonstrate understanding of	Teaching Method	Evaluation	Reinforced			Education material provided
					Date	Initial	Evaluation	
Disease/ Condition								<input type="checkbox"/> Handout/ pamphlet
Medications		Food/Drug Interaction (Dilantin, Coumadin, Tetracycline, Glucotrol, MAO); Drug/drug Interaction Effects and side effects of						<input type="checkbox"/> Handout/ pamphlet
Diet/Nutrition		NPO						<input type="checkbox"/> Handout/ pamphlet
		Regular diet						
		Low Sodium diet						
		Diabetic diet						
		Fluid restriction						
		Renal Diet						
		Dysphagia diet						
Rehab/ Activity		Use of Creative Arts Therapies For Affect Identification Emotional Regulation and Coping Skill development	11/6/11	11/6/11	11/6/11	11/6/11	N/A	<input type="checkbox"/> Handout/ pamphlet
Other		Pressure Ulcer Care/Skin care						<input type="checkbox"/> Handout/ pamphlet
		CHF: Monitoring of weight at home						
		Infection Control						
Resources								<input type="checkbox"/> Handout/ pamphlet

Evaluation:

- A. Identifies key points
- B. Verbalizes understanding
- C. Returns demonstration
- D. Performs skill independently
- E. Applies knowledge
- F. No evidence of learning
- G. Medication Effectiveness

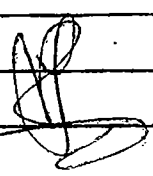


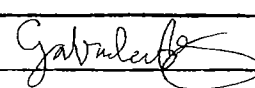
* See progress notes

Teaching Methods:

- 1. Explanation
- 2. Demonstration
- 3. Role play
- 4. Audiovisual
- 5. Handout
- 6. Group discussion

Sgt. Brennan
Sgt Frost

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
162B ALDANA-BERNIER, LILIAN R PSYC
ADM: 11/01/2009 130381874 99

Time	Here	Here
		PGY 2 Note
11-02-09 5:00PM		Pt has been interviewed by Sgt Brennan and Sgt Frost by Internal Affairs Bureau -
		 Javahid Yazdani, MD Psychiatric Resident
11/02/09 9:30pm		MD note: Patient has been seen and interviewed by Detective Steven P. Wachter and Sgt. Scott from Internal Affairs Bureau. Shushan Movsesian, MD
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>NYPD COUNTY PROFESSIONALISM RESPECT</p> <p>Steven P. Wachter Detective</p> <p>Sgt. Scott</p> </div> <div style="text-align: center;">  <p>Internal Affairs Bureau Special Investigations Unit Police Plaza 12th Floor New York, NY 10038</p> <p>Tel. 1 (800) PRIDE PD Fax: (212) 748-8800 E-mail: IAB-SIU@verizon.net</p> </div> <div style="text-align: center;"> <p>Shushan Movsesian, MD Psychiatry Attending</p> </div> </div>		
11/6/09 10:00AM		Pt has not expressed interest in participating in CAT groups despite being approached and encouraged.  Ms. CAT-Limited Wm GABRIELA PORTAS

JHMC 126


**JAMAICA HOSPITAL
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 8900 VAN WYCK EXPWY.
JAMAICA N.Y. 11418

PROGRESS NOTES
SCHOOLCRAFT, ADRIAN

1298984 M DOB: 06/21/1975 34Y

162B ALDANA-BERNIER, LILIAN R PSYC

ADM: 11/01/2009 130381874 99

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/02/09	PGY 2 note	
2:15 PM	Pt seen and examined today. Pt remains calm, withdrawn but not violent or aggressive. Pt is guarded and not cooperative. Pt keeps saying that he doesn't know why they came to his room and forced him to go to hospital. Pt doesn't know why he can't carry the gun saying that "they (his supervisor) did it to him" but he said "I don't know". He denies A/R hallucinations. A/R Admit RN RENATA DUDZIC-SLOWIK, MD PSYCHIATRIC RESIDENT	
11/2/09	3 rd patient is still complaining of pain in areas Rt wrist, italis was numb for 2 hours yesterday. Denies notes in it times aspect of arm + minime area of knee when aspect Rt arm. Both wrists, with red marks o believe this is a set up, & would like a lawyer. Internal affairs would like to interview him & he agreed. Made aware he was going upstairs, but wanted to go home. He is alone.	

SEQ 624 F0127

 LIAN ALDANA-BERNIER, M.D.
ATTENDING PSYCHIATRIST

11/2/09


**JAMAICA HOSPITAL
MEDICAL CENTER**

8900 VAN WYCK EXPRESSWAY, JAMAICA, N.Y. 11418

PROGRESS NOTE

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

Case Management Initial Assessment Note**Summary of Admitting Problems:**

32% Syle w/ a B113 NPO of 81th present, in handcuffed
to MER 20 of 1000. abdominal pain, transferred
currently bicenne. paranoid about his supervisor, disoriented.
towards his supervisor. left work place &
p me barricaded himself in his room.
can away from
his home.

Support System:

Name:

Relationship:

Phone #:

Name: Jany Schoolcraft

Relationship: father

Phone #: 646-957-2486

Name:

Relationship:

Phone #:

Functional ADLs:

independent ADLs.

To chase him
& handcuffed
on him

Prior to Admission:

independent ADLs

At Present:

independent ADLs

Communication:

Language Spoken:

English

Interpreter Needed: ☐ Yes ☒ NoHearing Loss: ☐ Yes ☒ No**Financial Resources:**

Insurance Coverage:

Aetna (no health care)

Policy #:

B13M0P3PA

Additional Resources:

Initial Review provided to Dana of
Aetna (P1-800-424-4047). The case is authorized - A+

Health Care Prior to Admission:

086654250000. The case is certified

Home Care:

☐ Yes ☒ No

Name of Agency:

Number of Days/Week:

Hours/Day:

SNF:

☐ Yes ☒ No

Name of SNF:

Does patient want to return: ☐ Yes ☒ NoIs there a need for a skilled nursing facility or home health care: ☐ Yes ☒ No

followed

Case Manager:

Shushan R. M.

Date/Time:

11/3/09

JHMC 128


**JAMAICA HOSPITAL
MEDICAL CENTER**

 8900 VAN WYCK EXPWY.
JAMAICA, N.Y. 11418

PROGRESS NOTES

 298984
 SCHOOLCRAFT, ADRIAN
 M/R: 1298984 PT#: 130381874
 DOB: 06/21/1975 34Y M FIC: 19 S
 ADM: 11/03/2009 15:00 03MH9HAL 01
 HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/3/09		<p>FOCUS: Admission Assessment.</p> <p>Data: 34 y.o., L, M. DX Psychosis NOS, transferred from MER → PER P Tx for abd discomfort after taking Nyquil. Police officer who had an argument with his S/visors, went home and barricaded himself in his apt. Suspicious, guarded and paranoid his S/visors are after him. Failed his Psych Assessment for NYPD.</p> <p>Action: Orientated to the unit. Assessed for pain or discomfort. Answered questions regarding hospitalization.</p> <p>Response: Calm Co-operative. Denies Alth or S/I. Reports he should not be hospitalized since C/O pain or discomfort. Asking to vote today. Will inform mo. Therapist on Social Work Admission Note.</p>
11/3/09 4:35pm		<p>Met c pt. this afternoon for initial psychosocial assessment. Pt is a 34 year old Caucasian male C no known psych hx who was BILB NYPD to the MER after his precinct (81st</p>

SEQ 624 F0127

JHMC 129



**JAMAICA HOSPITAL
MEDICAL CENTER**
JAMAICA, N.Y. 11418

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/3/09 4:35 pm		<p>Social Work Admission Note: Pct. in Brooklyn apparently contacted EMT concerns about his behavior. (It is a police officer for the past 7 years & NYPD. He is insured and lives on his own in apt. in Queens. He reports that his father, who lives upstate is his only family here. He was and cooperative during the interview - pleasant and appropriate. He also having a psych. ht. The psych. problems and believes that he is not here for just reasons - that now that the NYPD has come to know what he knows about their cover-up, they are trying to stem error say that he has a mental illness. It no longer has access to his gun and reports that he was placed</p>



**JAMAICA HOSPITAL
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PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

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DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/3/09		Focus: Altered Thought Process.
9:50pm		Data: Patient is visible on the unit, he is guarded, suspicious and socially withdrawn. Pt. refused ordered medication, he denies SI/HI or hallucination.
		Action: Monitored Pt's behavioral pattern, encouraged verbalization of thoughts and feelings and provided positive feedback. Re-enforced the importance of medication compliance, attended to Pt's needs and maintained a safe, structured environment.
		Response: Pt. remains guarded, he verbalizes his needs appropriately. Will continue to monitor behavior. — Sennott RN.
11/3/09		S: Altered thought process.
6:55A		S: It was in bed already asleep at shift change, she has slept since that time, in no visible acute distress.
		A: Monitored through the night for any mood behavior change, sleep pattern, offer support as needed, encourage verbalization of thoughts, honest feelings, provided structured therapeutic environment, continued reality testing, ensure safety.
		R: It is in bed still asleep at time of reporting will continue to monitor. — Phillips / LPN



**JAMAICA HOSPITAL
MEDICAL CENTER**
8900 Van Wyck Expressway Jamaica, NY 11418

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

1298984 M DOB: 06/21/1975 34Y F/C: 19 S

ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874

HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/4/09	Psychiatrist admission note	
2pm	Pt is a 34 yo. w. single male	
	Police officer without past psychiatric	
	history not on any psychotropic	
	meds No current or previous	
	history of drug or alcohol abuse	
	He stated that he is working in police	
	department for ~ 6 years and	
	from the beginning of his career he	
	was not "happy" with "how the	
	process was "run" and was making	
	multiple complaints that was not	
	"addressed" Instead he was "degraded"	
	emotionally "unstable" and his gun	
	was taken away from him ~ 6 mo	
	ago after psychiatric evaluation	
	by police psychiatrist. Since then	
	he started to collect the "evidence"	
	to "prove his point" and became	
	suspicious that "they are after	
	him" On the day of admission	
	he used verbal altercation with	
	one of the officers who was	
	"threatening" him and he left	
	his job before his shift was	

over with excuse that he is not
feeling well

FORM NO. J00004

JHMC 133

**PROGRESS NOTES**

SCHOOLCRAFT, ADRIAN

1298984 M DOB: 06/21/1975 34Y F/C: 19 S

ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874

HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
(Cont) 11/4/09 2pm	<p>He came home to see "Nightsquirt" and fall asleep. He was woken up by police officers in his b/room and was asked to come with them to precinct after he refused to go voluntarily and complain on stomach pain and k/A pt was handcuffed and brought to ER of JHMC by EMS. He was evaluated by ER physician and psychiatrist and after medical clearance transferred to Y ER with ? Psychosis NOS admitted to Y3 on 11/3/09 for further evaluation.</p> <p>On evaluation today pt anxious, suspicious, guarded, demanding to be OK and restless. He denied HE/UL denied VA/AN exposure ? paranoid guilty ideas about corruption and cover ups in precinct. Cognition and memory intact & end of hospital.</p> <p>Dr. Psychosis NOS No Adjustment Dis 5 anxiety</p>	

Will obtain additional
information

Dr. Isakov M.D.
20352DEA7204198

FORM NO. J00004

JHMC 134



**JAMAICA HOSPITAL
MEDICAL CENTER**
8900 Van Wyck Expressway Jamaica, NY 11418

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

1298984 M DOB: 06/21/1975 34Y F/C: 19 S

ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874

HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/4/09 11AM		<p>FOCUS: Att Thought Process</p> <p>Data: Observed pt in his room lying across his bed writing. Pt keeps mostly to himself, minimal interaction with staff or peers.</p> <p>Refused morning medication of Risperdal 0.5mg. Continues to be guarded & suspicious. Denies A/I or S/I. —</p> <p>Action: Maintained in a calm rate and therapeutic environment. Encouraged pt to attend unit groups and activities. Assessed for concerns. —</p> <p>Response: Refuses group. No elaboration on why. W/Adrian guarded. W/Adrian continue to monitor. Therapist on by pt.</p>
11/4/09 10:30 PM		<p>F: Altered Thought Process</p> <p>D: Pt is seen on the unit. He is mostly guarded and interacts poorly unless prompted or engaged by staff. He continues to refuse his PO meds states: "I don't take medications." —</p> <p>A: Benefits and side effect of the medications explained to pt. Encouraged expression of thoughts and concerns.</p> <p>R: calm and responsive. — L. Antoine for</p>

FORM NO. J00004

JHMC 135


**JAMAICA HOSPITAL
MEDICAL CENTER**

8900 Van Wyck Expressway Jamaica, NY 11418

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

1298984 M DOB: 06/21/1975 34Y F/C: 19 S

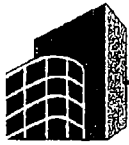
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874

HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/5/09 12:50 pm		<p>Focus. - Altered thought process.</p> <p>Data. - Pt is more cooperative and less guarded at this time. He agreed to talk to me for several minutes. He refused morning meds, but is interacting with staff and peers more frequently. No major physical or emotional distress is noted on him. He continues writing in a little notebook.</p> <p>Actions. - Pt encouraged to express feelings and concerns, and also take meds. Pt needs fulfilled.</p> <p>Response. - Pt is more interactive and cooperative, but remains refusal in regard to meds.</p>
11/5/09 3pm	Psychiatrist	<p>work</p> <p>Pt is calm and more cooperative today. Dressed appropriately, appeared able to communicate appropriately. Reiterated his story again and still wanted to free legal action against his persecutor but not expressing any physical threats to any body and not expressing so.</p>

FORM NO. J00004

JHMC 136



**JAMAICA HOSPITAL
MEDICAL CENTER**
8900 Van Wyck Expressway Jamaica, NY 11418

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

1298984 M DOB: 06/21/1975 34Y F/C: 19 S

ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874

HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
(cont) 3pm 11/5/09	<p>Denial via AM Not taking any psychotropic meds and not exhibiting psychotic behavior or thoughts He met a MSL and requested to be elc. Pt refused to give permission to speak with psychiatrist who evaluated him in 4/2009 but was able to provide the nature of his interaction with psychiatrist He was offered to go to psychotherapy and educate himself regarding stress tolerance. Pt has an intent to see psychiatrist and provided with the name of psychiatrist that he wanted to see Will plan to contact psychiatrist regarding appointment and work on D/c</p> <p>Isakov M.D. 220352DEA7264196</p>	

**PROGRESS NOTES**

SCHOOLCRAFT, ADRIAN

1298984 M DOB: 06/21/1975 34Y F/C: 19 S

ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874

HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/06/09 5:15 Am		<p>⊕ Altered Thought Process</p> <p>⊙ Pt. is Calm, sitting at the lounge. Has been awake since early today. on hourly obs for safety, reported no CP pain / discomfort</p> <p>⊕ Assisted Pt. as needed. Provided emotional support. Advised to call for help as needed. Maintained safety and therapeutic milieu. Made hourly rounds and monitored Pt for behavior changes</p> <p>⊙ Pt. remains Calm, awake, sitting at lounge. Will continue to monitor — Oly Ross</p>
11/06/09 10 am		<p>Psychiatrist with</p> <p>Pt compliant & rules in the unit he is calm</p> <p>Not in emotional distress</p> <p>Not suicidal now</p> <p>Very appropriate in interactions</p> <p>Denial of his Denial of his</p> <p>Not expressing paranoid ideation and not needing any protection</p> <p>Will be off today after appointment with Dr. [unclear]</p>

Isak Isakov M.D.
LIC220352DEA7204198

FORM NO. J00004

JHMC 138

seq 665

JAMAICA HOSPITAL
MEDICAL CENTERJAMAICA HOSPITAL
NEW YORK

DO NOT USE these abbreviations, symbols or acronyms when ordering medications or documenting in the medical record:					
DO NOT USE OD or q.d. ----- OD ----- QOD or q.o.d. ----- cc -----	USE daily or every day daily or right eye every other day ml	DO NOT USE Ug, mcg ----- U or u ----- IU or iu -----	USE microgram units international units	DO NOT USE Lack of leading zero (.1) ----- Trailing zero (1.0) ----- MS ----- MSO4, MgSO4 -----	USE 0.1 1 Morphine Sulfate Magnesium Sulfate

NON MEDICATION ORDERS			ALLERGIES:			MEDICATION ORDERS		
Date	Time of order:	AM PM	SCHOOLCRAFT, ADRIAN M/R: 1298984 PT#: 130381874 DOB: 06/21/1975 34Y M F/C: 19 S ADM: 11/03/2009 15:00 03MH9HAL 01 HOVANESIAN, SHUSHAN			Date	Time of order:	AM PM
PRESCRIBER'S SIGNATURE AND NAME PRINTED			Nurse	DATE/TIME	AM PM	PRESCRIBER'S SIGNATURE AND NAME PRINTED		
Date	Time of order:	AM PM	SCHOOLCRAFT, ADRIAN M/R: 1298984 PT#: 130381874 DOB: 06/21/1975 34Y M F/C: 19 S ADM: 11/03/2009 15:00 03MH9HAL 01 HOVANESIAN, SHUSHAN			Date	Time of order:	AM PM
PRESCRIBER'S SIGNATURE AND NAME PRINTED			Nurse	DATE/TIME	AM PM	PRESCRIBER'S SIGNATURE AND NAME PRINTED		
Date	Time of order:	AM PM	SCHOOLCRAFT, ADRIAN M/R: 1298984 PT#: 130381874 DOB: 06/21/1975 34Y M F/C: 19 S ADM: 11/03/2009 15:00 03MH9HAL 01 HOVANESIAN, SHUSHAN			Date	Time of order:	AM PM
PRESCRIBER'S SIGNATURE AND NAME PRINTED			Nurse	DATE/TIME	AM PM	PRESCRIBER'S SIGNATURE AND NAME PRINTED		

04/20/2010 10:33:19
z75mr
Report Date: 11/01/2009 20:12
Patient: SCHOOLCRAFT, ADRIAN
Acct#: 000130427248
MR#: 001298984
DOB: 06/21/1975
Jamaica Hospital Medical Ctr
CT HEAD W/O CONTRAST
Facility:0001
Clinician:Staff, Physician
Loc: 0186 BLS/Discharged

DEPARTMENT OF RADIOLOGY

Patient Name: SCHOOLCRAFT, ADRIAN
MRN #: 001298984
Patient Loc: MENTAL HEALTH ER
Exam: CT head w/o
Requested by: Staff, Physician

Result Date/Time: 11/02/2009 10:45 AM
Radiologists: Janczuk, Peter
MD

Clinical indication: FIRST PSYCHOTIC EPISODE: RULE OUT
LESION/MASS.

NONCONTRAST HEAD CT.

* NO ACUTE INTRACRANIAL HEMORRHAGE, no discrete lesions, no mass
effect or abnormal intra-or extra-axial fluid collections.
VENTRICLES and CISTERNS have NORMAL size and position.
OSSEOUS STRUCTURES are UNREMARKABLE without definite acute or
displaced fractures or discrete lesions.
PARANASAL SINUSES and MASTOID CELLS are CLEAR without fluid or
significant mucosal thickening.

PATIENT HISTORY REPORT

Jamaica Hospital Medical Ctr
 Department of Clinical Laboratories
 8900 VanWyck Expressway, Jamaica, NY 11418
 Pathologist Name, Medical Director

PATIENT: SCHOOLCRAFT, ADRIAN
 MRN#: J1298984
 ADMIT: 11/03/09
 Loc/Rm/Bed: J03MH-B358-B
 DOB: 06/21/1975 AGE: 34 SEX: M
 ADM: HOVANESIAN, SHUSHAN
 ACCT#: J130381874

H E M A T O L O G Y

-----D1011339-----
 COLLECTED | 11/01/09 13:00 | REFERENCE RANGE
 PRIORITY, PHYSICIAN | STAT STAFF, PHYSICIAN |

C B C

WBC	*8.6	4.8-10.8 K/uL
RBC	*4.83	4.50-5.90 M/uL
HGB	*14.2	14.0-18.0 g/dL
HCT	*42.6	42.0-52.0 %
MCV	*88.3	80.0-94.0 fL
MCH	*29.5	27.0-31.0 pg
M'	*33.4	32.0-36.0 g/dL
MPV	*8.8	7.2-10.4 fL
RDW	*14.5	11.5-14.5 %
Platelet Count	*232	130-400 K/uL

Neutrophils Auto	*70.7	44.0-80.0 %
Lymphocytes Auto.	*19.1	13.0-43.0 %
Monocytes Auto	*9.0	2.0-15.0 %
Eosinophils Auto.	*0.9	0.0-3.0 %
Basophils Auto.	*0.3	0.0-3.0 %
Segs, Absolute	*6.0	2.1-8.6 K/uL
Lymphs, Absolute	*1.6	0.6-4.6 K/uL
Monos, Absolute	*0.8	0.1-1.6 K/uL
Eos, Absolute	*0.1	0.0-0.9 K/uL
Basos, Absolute	*0.0	0.0-0.4 K/uL
Absolute NRBC Instrumen	*0.00	None %/100 WBC
Manual Differential		
Indexed RBC	*0	None /100 WBC
NRBC Absolute	*0.00	None K/uL

C H E M I S T R Y

-----D1011339-----
 COLLECTED | 11/01/09 13:00 | REFERENCE RANGE
 PRIORITY, PHYSICIAN | STAT STAFF, PHYSICIAN |

E n d o c r i n e & N u t r i t i o n

TSH	*1.10	0.47-4.70 uIU/ml
-----	-------	------------------

* - RESULT REPORTED FIRST TIME KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

Att Phy: ISAKOV, ISAK
 Loc/Rm/Bed: J03MH-B358-B

MRN#: J1298984
 PATIENT: SCHOOLCRAFT, ADRIAN

PRINTED: 04/20/2010 10:39

PAGE: 1 of 2

PATIENT HISTORY REPORT

Jamaica Hospital Medical Ctr
 Department of Clinical Laboratories
 8900 VanWyck Expressway, Jamaica, NY 11418
 Pathologist Name, Medical Director

PATIENT: SCHOOLCRAFT, ADRIAN
 MRN#: J1298984
 ADMIT: 11/03/09
 Loc/Rm/Bed: J03MH-B358-B
 DOB: 06/21/1975 AGE: 34 SEX: M
 ADM: HOVANESIAN, SHUSHAN
 ACCT#: J130381874

U R I N A L Y S I S

-----D1011338-----
 COLLECTED | REFERENCE RANGE
 PRIORITY, PHYSICIAN | STAT STAFF, PHYSICIAN |

Color	*ordered	
Appearance	*ordered	
pH Urine	*ordered	
Leukocyte Esterase	*ordered	
Nitrites	*ordered	
Urine Protein	*ordered	
Ulcose	*ordered	
Ketones	*ordered	
Urobilinogen	*ordered	
Bilirubin	*ordered	
Blood	*ordered	
Specific Gravity	*ordered	
M i c r o s c o p i c		
WBC	*ordered	
RBC	*ordered	

S E R O L O G Y

-----D1011339-----
 COLLECTED | 11/01/09 13:00 | REFERENCE RANGE
 PRIORITY, PHYSICIAN | STAT STAFF, PHYSICIAN |

RPP |*NON-REACTIVE |Nonreactive

* RESULT REPORTED FIRST TIME KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB ABNORMAL, P-PANIC

Att Phy: ISAKOV, ISAK

MRN#: J1298984

Loc/Rm/Bed: J03MH-B358-B

PATIENT: SCHOOLCRAFT, ADRIAN

PRINTED: 04/20/2010 10:39

PAGE: 2 of 2

11/01/2009
22:40:48 OER

JAMAICA HOSPITAL MEDICAL CENTER
8900 VAN WYCK EXPRESSWAY
JAMAICA, NEW YORK 11418-2897

=====

Pt Name: ADRIAN SCHOOLCRAFT	Location: MH - ER FULL EME
M. 001298984 ACCT#: 130381874	Att Phys: ALDANA-BERNIER, LILIAN
DOB: 06/21/1975 Age: 34Yr Sex: M	Ord By: STAFF, PHYSICIAN

=====

Seq #: 0003 Test: CBC WITH AUTO DIFFERENTA Status: FINAL Page 1 of 1
Collected: 11/01/09 13:00 By: J081X Received: 11/01/09 16:57 Lab#: D1011339

TEST	RESULT	ABN	REFERENCE	UNITS
WBC	8.6		4.8-10.8	K/uL
RBC	4.83		4.50-5.90	M/uL
HGB	14.2		14.0-18.0	g/dL
HCT	42.6		42.0-52.0	%
MCV	88.3		80.0-94.0	fL
MCH	29.5		27.0-31.0	pg
MCHC	33.4		32.0-36.0	g/dL
RDW	14.5		11.5-14.5	%
MPV	8.8		7.2-10.4	fL
Platelet Count	232		130-400	K/uL
N eutrophils Auto	70.7		44.0-80.0	%
Lymphocytes Auto.	19.1		13.0-43.0	%
Monocytes Auto	9.0		2.0-15.0	%
Eosinophils Auto.	0.9		0.0-3.0	%
Basophils Auto.	0.3		0.0-3.0	%
Segs, Absolute	6.0		2.1-8.6	K/uL
Lymphs, Absolute	1.6		0.6-4.6	K/uL
Monos, Absolute	0.8		0.1-1.6	K/uL
Eos, Absolute	0.1		0.0-0.9	K/uL
B as, Absolute	0.0		0.0-0.4	K/uL
NRBC Inst.	0.00		None	%/100 WBC
Nucleated RBC	0		None	/100 WBC
NRBC Absolute	0.00		None	K/uL

* * * * * E N D O F R E P O R T * * * * *

Vhs

11/01/2009
22:40:50 OER

JAMAICA HOSPITAL MEDICAL CENTER
8900 VAN WYCK EXPRESSWAY
JAMAICA, NEW YORK 11418-2897

=====

Pt Name: ADRIAN SCHOOLCRAFT	Location: MH - ER FULL EME
M : 001298984 ACCT#: 130381874	Att Phys: ALDANA-BERNIER, LILIAN
DOB: 06/21/1975 Age: 34Yr Sex: M	Ord By: STAFF, PHYSICIAN

=====

Seq #: 0008 Test: BILL CBC W/AUTO DIFF Status: INTERIM Page 1 of 1
Collected: 11/01/09 13:00 By: J081X Received: 11/01/09 17:12 Lab#: D1011339
TEST RESULT ABN REFERENCE UNITS
Bill CBC Automated D BILLING

* * * * E N D O F R E P O R T * * * *

Vw

11/01/2009
22:42:06 OER

JAMAICA HOSPITAL MEDICAL CENTER
8900 VAN WYCK EXPRESSWAY
JAMAICA, NEW YORK 11418-2897

=====

Pt Name: ADRIAN SCHOOLCRAFT	Location: EMERGENCY ROOM
N : 001298984 ACCT#: 130381015	Att Phys: STAFF, PHYSICIAN
DOB: 06/21/1975 Age: 34Yr Sex: M	Ord By: STAFF, PHYSICIAN

=====

Seq #: 0005	Test: LIPASE	Status: FINAL	Page 1 of 1
Collected: 11/01/09 0:22	By: J081X	Received: 11/01/09 0:36	Lab#: D1010449
TEST	RESULT	ABN REFERENCE	UNITS
Lipase	55	23-300	U/L

* * * * E N D O F R E P O R T * * * *

Vm

11/01/2009
22:42:08 OER

JAMAICA HOSPITAL MEDICAL CENTER
8900 VAN WYCK EXPRESSWAY
JAMAICA, NEW YORK 11418-2897

=====

Pt Name: ADRIAN SCHOOLCRAFT	Location: EMERGENCY ROOM
M 001298984 ACCT#: 130381015	Att Phys: STAFF, PHYSICIAN
DOB: 06/21/1975 Age: 34Yr Sex: M	Ord By: NWAISHIENYI, SILAS

=====

Seq #: 0001 Test: AMYLASE SERUM Status: FINAL Page 1 of 1
Collected: 11/01/09 0:22 By: J081X Received: 11/01/09 0:36 Lab#: D1010449

TEST	RESULT	ABN	REFERENCE	UNITS
Amylase	44		30-110	U/L

* * * * E N D O F R E P O R T * * * *

Vm



JAMAICA HOSPITAL MEDICAL CENTER

8000 Van Wyck Expressway Jamaica, NY 11418 • 718-205-6000

Department of Psychiatry

NURSING FLOW SHEET

SCHOOLCRAFT, ADRIAN
M/D

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M
ADM: 11/03/2000 15:00

F/C: 19 S

DOB: 06/21/1975 34Y M F/C
ADM: 11/03/2009 15:00 03MH 9HAL 01
HOVANESIAN, SHUSHAN

HOVANESIAN, SHUSHAN

[illegible]



Department of Psychiatry
NURSING FLOW SHEET

SCHOOLCRAFT, ADRIAN PT#:130381874
M/R: 1298984
DOB: 06/21/1975 34Y M F/C: 19 S
ADM: 11/03/2009 15:00 03MH9HAL 01
HOVANESIAN, SHUSHAN

KEY: C = Complete assistance P = Partial assistance R = Refuses S = Self Care		* Must have accompanying note on Progress Record.															
Date		N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	
HYGIENE-GROOMING	Wearing Bedclothes																
	Wearing Street Clothes	✓	✓														
	Neat	✓	✓														
	Disheveled																
	Bathed																
	Shaved / Made Up																
NUTRITION	Diet		R														
	Eats Adequate Amt.		✓														
	Eats Small Amt.																
	Eats Only w/Encouragement																
	Overeats																
	Supplementary Nourishment																
SLEEP PATTERNS	Mobility	S	S														
	Sleeps 7-8 hrs.	✓															
	Sleeps 4-6 hrs.																
	Sleeps 1-3 hrs.																
	Awake in Bed																
	Awake O.O.B.		✓														
ACTIVITY SCHEDULE	Occupational Therapy																
	Recreational Therapy																
	Off Unit Activities																
	On Pass																
	Day room, Activity Room, Lounge		✓														
	Remains in Bed	✓															
TREATMENTS	Remains in Room																
	Seclusion *																
	1:1 Observation *																
	Restraints *																
	Elopement Prec *																
Elimination	ECT *																
	Elimination	S	S														
	Weight																
PAIN ASSESSMENT SCALE																	
SIGNATURE AND TITLE	N	[Signature]															
	D	[Signature]															
	E	[Signature]															

8900 Van Wyck Expway, Jamaica, N.Y. 11418

Medical Record Signature Sheet

[illegible]

JHMC 150



JAMAICA HOSPITAL MEDICAL CENTER

PATIENT CLOTHING/VALUABLES INVENTORY

1. ALL PATIENTS CLOTHING/VALUABLES/SENT HOME ☐ YES ☒ NO
 2. DENTURES TAKEN HOME BY FAMILY MEMBER ☐ YES ☒ NO

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 10/31/2009 081X 130381015 01
 STAFF, PHYSICIAN

ADMISSION		TRANSFER		TRANSFER	
DATE/TIME: 11-01-09		DATE/TIME:		DATE/TIME:	
ROOM		ROOM TO		ROOM TO	
UNIT <u>Area 11a</u>					
INVENTORY OF ITEMS KEPT AT BEDSIDE					
	QUANTITY	DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY
DENTURES		UPPER DENTURE		LABELED CUP PROVIDED <input type="checkbox"/>	
		LOWER		LABELED CUP PROVIDED <input type="checkbox"/>	
		PARTIAL		LABELED CUP PROVIDED <input type="checkbox"/>	
CLOTHING/ OUTWEAR/ FOOTWEAR		COAT/JACKET			
		DRESS/HOUSECOAT			
		PAJAMAS/NIGHTGOWN			
		SLACKS/PANTS/JEANS			
		BLOUSE/T-SHIRT/SWEATER			
		SKIRT/SHORTS			
		UNDERWEAR/BBB			
		GLASSES/CONTACTS			
		HAT/GLOVES/TIE/BELT			
		PANTYHOSE/socks			
MISCELLANEOUS		BATHROBE			
		SHOES/SNEAKERS			
		BOOTS/SLIPPERS			
		POCKETBOOK			
		CELL PHONE/BEEPER(S)			
JEWELRY:		WALKER/CANE			
		HEARING AID			
		OTHER:			
		BRACELET (S)			
		EARRING (S)			
		NECKLACE (S)			
	RING (S)				
	WATCH				
	OTHER:				
MONEY AMOUNT		\$ 448.00	\$		\$
VALUABLES SUBMITTED TO THE CASHIER AND VALUABLES PLACED WITH SECURITY					
		GLASSES/CONTACT(S)			
		HEARING AID			
		POCKETBOOK/ WALLET			
		RADIO			
		CELL PHONE/BEEPER			
		OTHER:			
		ENVELOPE RECEIPT #			
** PLEASE NOTE THE INSTITUTION IS NOT RESPONSIBLE FOR ITEMS LEFT AT THE PATIENT'S BEDSIDE (Print Name/Sign Below)					
PATIENT/SIGNIFICANT OTHER:		STAFF RECEIVING PROPERTY		WITNESS/TRANSFERRING STAFF:	
SIGNATURE: <u>[Signature]</u>		SIGNATURE: <u>[Signature]</u>		SIGNATURE: <u>[Signature]</u>	
TITLE: <u>[Title]</u>		TITLE: <u>[Title]</u>		TITLE: <u>[Title]</u>	
NOTE: VALUABLES WILL BE HELD IN SECURITY/CASHIER FOR NO MORE THAN 30 DAYS AFTER DISCHARGE					
SECURITY/CASHIER SIGNATURE: <u>[Signature]</u>					
STAFF MEMBER RELEASING PROPERTY: <u>[Signature]</u>					
PATIENT/FAMILY MEMBER RECEIVING PROPERTY: <u>[Signature]</u> RELATIONSHIP: <u>[Relationship]</u>					



JAMAICA HOSPITAL MEDICAL CENTER

PATIENT CLOTHING/VALUABLES INVENTORY

1. ALL PATIENTS CLOTHING/VALUABLES/SENT HOME
2. DENTURES TAKEN HOME BY FAMILY MEMBER

☐ YES ☐ NO
☐ YES ☐ NO

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

ADMISSION		TRANSFER		TRANSFER	
DATE/TIME:		DATE/TIME:		DATE/TIME:	
ROOM		ROOM TO		ROOM TO	
INVENTORY OF ITEMS KEPT AT BEDSIDE					
UNIT	QUANTITY	DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY
DENTURES		UPPER DENTURE		LABELED CUP PROVIDED <input type="checkbox"/>	
		LOWER		LABELED CUP PROVIDED <input type="checkbox"/>	
		PARTIAL		LABELED CUP PROVIDED <input type="checkbox"/>	
CLOTHING/OUTWEAR/FOOTWEAR		COAT/JACKET			
		DRESS/HOUSECOAT			
		PAJAMAS/NIGHTGOWN			
		SLACKS/PANTS/JEANS	1	large	
		BLOUSE/SHIRT/SWEATER	1	black	
		SKIRT/SHORTS			
		UNDERWEAR/BRA			
		GLASSES/CONTACTS			
		HAT/GLOVES/TIE/BELT	1	black	
		PANTYHOSE/STOCKS			
		BATHROBE			
		SHOES/SNEAKERS	1	blue, white, gray	
MISCELLANEOUS		POCKETBOOK			
		CELL PHONE/BEEPER(S)			
		WALKER/CANE			
		HEARING AID			
JEWELRY:		OTHER:			
		BRACELET (S)			
		EARRING (S)			
		NECKLACE (S)			
		RING (S)			
		WATCH			
		OTHER:			
	MONEY AMOUNT	\$	\$	\$	\$
VALUABLES SUBMITTED TO THE CASHIER AND VALUABLES PLACED WITH SECURITY					
		GLASSES/CONTACT(S)			
		HEARING AID			
		POCKETBOOK/ WALLET			
		RADIO			
		CELL PHONE/BEEPER			
		OTHER:			
		ENVELOPE RECEIPT #			
** PLEASE NOTE THE INSTITUTION IS NOT RESPONSIBLE FOR ITEMS LEFT AT THE PATIENT'S BEDSIDE (Print Name/Sign Below)					
PATIENT/SIGNIFICANT OTHER:		STAFF RECEIVING PROPERTY		WITNESS/TRANSFERRING STAFF:	
SIGNATURE: [Signature]		SIGNATURE: [Signature]		SIGNATURE: [Signature]	
PRINT NAME/SIGN:		PRINT NAME/SIGN:		PRINT NAME/SIGN:	
NOTE: VALUABLES WILL BE HELD IN SECURITY/CASHIER FOR NO MORE THAN 30 DAYS AFTER DISCHARGE					
SECURITY/CASHIER SIGNATURE:					
STAFF MEMBER RELEASING PROPERTY:					
PATIENT/FAMILY MEMBER RECEIVING PROPERTY: RELATIONSHIP:					



JAMAICA HOSPITAL MEDICAL CENTER

PATIENT CLOTHING/VALUABLES INVENTORY

1. ALL PATIENTS CLOTHING/VALUABLES/SENT HOME
2. DENTURES TAKEN HOME BY FAMILY MEMBER

☐ YES ☒ NO
☐ YES ☒ NO

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 10/31/2009 081X 130381015 01
 STAFF, PHYSICIAN

ADMISSION		TRANSFER		TRANSFER	
DATE/TIME: 11-01-09		DATE/TIME:		DATE/TIME:	
ROOM		ROOM TO		ROOM TO	
UNIT <u>area 1111</u>					
INVENTORY OF ITEMS KEPT AT BEDSIDE					
DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY
UPPER DENTURE	1	LABELED CUP PROVIDED	<input checked="" type="checkbox"/>		
LOWER		LABELED CUP PROVIDED	<input checked="" type="checkbox"/>		
PARTIAL		LABELED CUP PROVIDED	<input checked="" type="checkbox"/>		
COAT/JACKET					
DRESS/HOUSECOAT					
PAJAMAS/NIGHTGOWN					
SLACKS/PANTS/JEANS					
BLOUSE/T-SHIRT/SWEATER					
SKIRT/SHORTS					
UNDERWEAR/BRA					
GLASSES/CONTACTS					
HAT/GLOVES/TIE/BELT					
PANTYHOSE/socks					
BATHROBE					
SHOES/SNEAKERS					
BOOTS/SLIPPERS					
POCKETBOOK					
CELL PHONE/BEEPER(S)					
WALKER/CANE					
HEARING AID					
OTHER:					
BRACELET (S)					
EARRING (S)					
NECKLACE (S)					
RING (S)					
WATCH					
OTHER:					
MONEY AMOUNT	\$ 448.00				
VALUABLES SUBMITTED TO THE CASHIER AND VALUABLES PLACED WITH SECURITY					
GLASSES/CONTACT(S)					
HEARING AID					
POCKETBOOK/ WALLET					
RADIO					
CELL PHONE/BEEPER					
OTHER:					
ENVELOPE RECEIPT #	83323				
** PLEASE NOTE THE INSTITUTION IS NOT RESPONSIBLE FOR ITEMS LEFT AT THE PATIENT'S BEDSIDE (Print Name/Sign Below)					
PATIENT/SIGNIFICANT OTHER:		STAFF RECEIVING PROPERTY		WITNESS/TRANSFERRING STAFF:	
SIGNATURE: <u>[Signature]</u>		SIGNATURE: <u>[Signature]</u>		SIGNATURE: <u>[Signature]</u>	
PRINT NAME/SIGN:		PRINT NAME/SIGN:		PRINT NAME/SIGN:	
STAFF RECEIVING PROPERTY		STAFF RECEIVING PROPERTY		STAFF RECEIVING PROPERTY	
SIGNATURE: <u>[Signature]</u>		SIGNATURE: <u>[Signature]</u>		SIGNATURE: <u>[Signature]</u>	
PRINT NAME/SIGN:		PRINT NAME/SIGN:		PRINT NAME/SIGN:	
WITNESS/TRANSFERRING STAFF:		WITNESS/TRANSFERRING STAFF:		WITNESS/TRANSFERRING STAFF:	
SIGNATURE: <u>[Signature]</u>		SIGNATURE: <u>[Signature]</u>		SIGNATURE: <u>[Signature]</u>	
PRINT NAME/SIGN:		PRINT NAME/SIGN:		PRINT NAME/SIGN:	
NOTE: VALUABLES WILL BE HELD IN SECURITY/CASHIER FOR NO MORE THAN 30 DAYS AFTER DISCHARGE					
SECURITY/CASHIER SIGNATURE:					
STAFF MEMBER RELEASING PROPERTY:					
PATIENT/FAMILY MEMBER RECEIVING PROPERTY:					
RELATIONSHIP:					



JAMAICA HOSPITAL MEDICAL CENTER

PATIENT CLOTHING/VALUABLES INVENTORY

- ALL PATIENTS CLOTHING/VALUABLES/SENT HOME
- DENTURES TAKEN HOME BY FAMILY MEMBER

☐ YES ☐ NO
☐ YES ☐ NO

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 11/01/2009 162B 130381874 99
 ALDANA-BERNIER, LILIAN R PSYC

ADMISSION		TRANSFER		TRANSFER		
DATE/TIME:		DATE/TIME:		DATE/TIME:		
ROOM		ROOM TO		ROOM TO		
UNIT <u>B1-917</u>						
INVENTORY OF ITEMS KEPT AT BEDSIDE						
	QUANTITY	DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY	
DENTURES		UPPER DENTURE		LABELED CUP PROVIDED <input type="checkbox"/>		
		LOWER		LABELED CUP PROVIDED <input type="checkbox"/>		
		PARTIAL		LABELED CUP PROVIDED <input type="checkbox"/>		
CLOTHING/ OUTWEAR/ FOOTWEAR		COAT/JACKET				
		DRESS/HOUSECOAT				
		PAJAMAS/NIGHTGOWN				
		SLACKS/PANTS/JEANS	1	black		
		BLOUSE/SHIRT/SWEATER	1	black		
		SKIRT/SHORTS				
		UNDERWEAR/BRA				
		GLASSES/CONTACTS				
		HAT/GLOVES/TIE/BELT	1	black		
		PANTYHOSE/STOCKS				
MISCELLANEOUS		BATHROBE				
		SHOES/SNEAKERS	1	blue, white, gray		
		BOOTS/SLIPPERS				
		POCKETBOOK				
		CELL PHONE/BEEPER(S)				
		WALKER/CANE				
		HEARING AID				
		OTHER:				
	JEWELRY:		BRACELET (S)			
			EARRING (S)			
		NECKLACE (S)				
		RING (S)				
		WATCH				
		OTHER:				
MONEY AMOUNT		\$	\$	\$	\$	
VALUABLES SUBMITTED TO THE CASHIER AND VALUABLES PLACED WITH SECURITY						
	GLASSES/CONTACT(S)					
	HEARING AID					
	POCKETBOOK/ WALLET					
	RADIO					
	CELL PHONE/BEEPER					
	OTHER:					
	ENVELOPE RECEIPT #					
** PLEASE NOTE THE INSTITUTION IS NOT RESPONSIBLE FOR ITEMS LEFT AT THE PATIENT'S BEDSIDE (Print Name/Sign Below)						
PATIENT/SIGNIFICANT OTHER:		SIGNATURE:		SIGNATURE:		
STAFF RECEIVING PROPERTY:		SIGNATURE:		SIGNATURE:		
WITNESS/TRANSFERRING STAFF:		SIGNATURE:		SIGNATURE:		
NOTE: VALUABLES WILL BE HELD IN SECURITY/CASHIER FOR NO MORE THAN 30 DAYS AFTER DISCHARGE						
SECURITY/CASHIER SIGNATURE:						
STAFF MEMBER RELEASING PROPERTY:						
PATIENT/FAMILY MEMBER RECEIVING PROPERTY: RELATIONSHIP:						

THE JAMAICA HOSPITAL MEDICAL CENTER**MENTAL HEALTH CLEARANCE**TODAY'S DATE: 10-02-09

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

Authorization: _____

TO: _____

FROM: _____

Patient's Name

Hospital #

Room #

Admission Date

Notification of Impending Referral Received Via:

Mail _____

Fax _____

Brought In _____

Phoned In _____

INSURANCE INFORMATIONNAME OF INSURED: SCHOOLCRAFT, ADRIANINSURANCE COMPANY NAME: AETNA

CONTACT PERSON: _____

INSURANCE CO. TELEPHONE NO: (800) 451-8843

INSURANCE COMPANY ADDRESS: _____

EXPLANATION OF MENTAL HEALTH BENEFITS (- # of days authorized, etc.):* Prior auth needed before ad. HHS. 2 wks unit.
Per the COV AETNA ID# 111631738 EFF 11-01-2007AUTHORIZATION NO.: per [signature]

PRE CERT. COORDINATOR NAME: _____

DISPOSITION OF INSURANCE INQUIRY:APPROVED ☒DENIED ☐PENDING PHYSICIAN CONTACT ☐PHYSICIAN NOTES: [signature]PHYSICIAN NAME: [signature]

* Financial Investigation (White Copy)

* Mental Health Clinician (Pink Copy)

* Social Work (Yellow Copy)

08/06/2010
14:04:03 TTH

JAMAICA HOSPITAL MEDICAL CENTER
8900 VAN WYCK EXPRESSWAY
JAMAICA, NEW YORK 11418-2897

Pat Name: ADRIAN SCHOOLCRAFT	Loc: Discharged	
Pat Numb: 130381874	Sex: M	Race: W
Att Phys: ISAKOV, ISAK	DOB: 06/21/1975	Age: 35Yr

=====
==

Department: 008310 DIETARY

Order: 00222200 REGULAR DIET	Priority: A
Pt.Ord #: 0009	Status: FINAL
Req Date/Time: 11/04/2009 0727	Ord By: HOVANESIAN, SHUSHAN
Comment:	

SUPPLEMENT: NONE

SUPPL.FREQ: NONE

Completion Date: 11/12/2009 0005



JAMAICA HOSPITAL MEDICAL CENTER

CONSULTATION REPORT

1/3

SCHOOLCRAFT, ADRIAN

1298984 M DOB: 06/21/1975 34Y

081X STAFF, PHYSICIAN

ADM: 10/31/2009 130381015 01

THIS SECTION TO BE FULLY COMPLETED BY THE REQUESTING PHYSICIAN

REQUEST TO: Dr. Patel / Dr. Lwin	DEPT/DIVISION: Psychiatry ER
REQUEST FROM: Dr. Nwaischie nyii	DEPT/DIVISION: Medical ER
IMPRESSION: psychotic disorder, NOS	
REASON FOR CONSULTATION:	
<input type="checkbox"/> CONSULTATION ONLY <input type="checkbox"/> CONSULTATION WITH ORDERS <input type="checkbox"/> CONSULTATION WITH FOLLOW-UP	
SIGNATURE:	DATE: 11/1/09 TIME: 6:30 am

OPINION OF CONSULTANT:

34 years old single white male, police officer, living by himself was brought in by N.Y.P.D. of 81st Precinct, in hand cuffs to Medical ER with complaint of abdominal pain, nausea and dizziness and patient ^{had} stated he took Nyquil.

Psych consult was called and reported as patient acting bizzare, hand cuffed and in Police custody.

As per patient, he was not feeling well yesterday, had 'tummy pain' / Abdominal pain and told his supervisor that he is leaving. Patient says while sleeping in his bed, landlord open the door and his colleagues entered and hand cuffed and brought him to Jamaica Hospital. He says he is worried about the situation going on. Says this is happening because he has been reporting to his supervisors and commissioner about internal affairs of police department. Says he knows his ^{KL} superior supervisors are hiding robbery and assault cases to get higher rank / position. Says he has paper documentation about this crime and reporting since last year.

→ continue

Consultant Print Name:

Signature:

Date:

Time:

ORIGINAL - MEDICAL RECORD

CARBON COPY - CONSULTANT


**JAMAICA HOSPITAL
MEDICAL CENTER**

2/3

 SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 10/31/2009 081X 130381015 01
 STAFF, PHYSICIAN

CONSULTATION REPORT CONTINUATION

Denies past psy hospitalization (or) treatment (or) suicidal attempt.

As per Sergeant James of 81st Precinct, patient complains of not feeling well yesterday afternoon and left his work early after getting agitated and cursing supervisor. They follow him home and he had barricaded himself and the door had to be broken to get to him. He initially agreed to go with them for evaluation but once outside, he ran and had to be chased and brought to the medical ER, handcuffed.

In the medical ER, he became agitated, uncooperative and verbally abusive over telephone use and told his treating MD that 'they are all against me'. As 12-6

As per Sergeant James, he was evaluated by NYPD psychiatrist and can not carry a gun or a badge for nearly a year.

Denies any drug (or) Alcohol abuse

Denies any history of family mental illness

No acute medical problem, complained of abdominal pain yesterday and has sinusitis.

Mental Status Examination - 34 years old, white male appropriately dressed and groomed, appears to his stated age. He is coherent, relevant with goal directed speech and good eye contact. He is irritable with appropriated affect. He denies hallucination. He is ? paranoid about his supervisor. He denies suicidal ideation, homicidal ideation or

→ Contd.

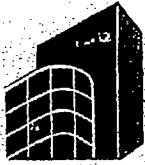
Consultant Print Name:

Signature:

Date:

Time:

ORIGINAL - MEDICAL RECORD
CARBON COPY - CONSULTANT 158


**JAMAICA HOSPITAL
MEDICAL CENTER**

3/3

 SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 10/31/2009 081X
 STAFF, PHYSICIAN 130381015 01

CONSULTATION REPORT CONTINUATION

the present time. His memory and concentration is intact. He is alert and oriented. His insight and judgment are impaired.

Diagnosis

Axis I - psychotic disorder, NOS

II - deferred

III - s/p Abdominal pain, chronic sinusitis

IV - conflict at worksite

V - 40

Recommendation

- ① Continue 1:1 observation for unpredictable behavior and escape risk
- ② Transfer to psy ER after medical clearance
- ③ Discussed with Dr. Nwaisihianyi and Sergeant James. Case discussed with Dr. Patel.

 Khin Mar Lwin, MD
 Psychiatric Resident

11/10/09 Given above Dr. Lwin recommended
 6 AM

J. Patel (I/MH)

Consultant Print Name:

Signature:

Date:

Time:

ORIGINAL - MEDICAL RECORD
CARBON COPY - CONSULTANT

JHMC 159